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| --- | --- | --- |
| **Parish / Group of parishes / Deanery making application** |  | |
| **Name of Incumbent** |  | |
| **Name of project** |  | |
| **Funding requested**  **(max £5000)** |  | |
| **% of project to be funded by this grant** |  | |
| **Main contact** | Name |  |
| Address |  |
| Phone |  |
| Email |  |
| **Bank Account Details**  *No payments can be*  *made to personal bank*  *accounts* | Account  Name: |  |
| Account  Number: |  |
| Bank Sort  Code: |  |

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| **Project Outline**  **(***Brief description of the project and background information about the area, deanery, and/or parish)* |
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| **Show how the project meets each of the assessment criteria:**   * Must link with either parish or deanery MAP * Must link to the Southwark Vision |
|  |
| **Evidence that the project would benefit significantly from a grant from this fund, but that it is not entirely dependent on it** *(include costings here including equipment and salaries, and how these will covered indicating support coming from your own resources or from other grant applications.  Please break down the information as much as possible. Projects which are entirely reliant on a grant from this fund are not usually prioritised, nor do projects attract repeat funding).* |
|  |
| **Plans for fulfilling the project** *(Outline approximate timetables – for example, arrangements eg for setting up and starting the project, recruitment and staffing).* |
|  |
| **Process for monitoring and evaluating the project (***Successful applicants will be expected to provide a brief evaluation report)* |
|  |

**This application was discussed and endorsed at a meeting of the endorsing body PCC on:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chair) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Area Dean) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Deanery Lay Chair) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed application forms to:**

Tracey Mardles, PA to the Bishop of Woolwich

[tracey.mardles@southwark.anglican.org](mailto:tracey.mardles@southwark.anglican.org)