**Application for Mission Grant Funding of up to £5,000 for mission activities**

**Step 1:** Please use the guidelines to complete this form and include a letter of up to 750 words demonstrating how you will use the grant and showing how it matches the assessment criteria (see section 4 of the guidelines).

**Step 2:** Send your completed application form, either scanned with signatures by ***Friday, 05 March 2021*** nadina.bedlow@southwark.anglican.org or by post to:

Nadina Bedlow

Croydon Episcopal Area Office

6 St Peter’s Road

Croydon

CR0 1HD

1. **applicant body**

|  |  |
| --- | --- |
| Name of applicant body |  |
| Website (if available) |  |

1. **Contact person**

|  |  |
| --- | --- |
| Name |  |
| Position in applicant body  |  |
| Address |  |
| Email |  |
| Daytime telephone  |  |
| Evening telephone  |  |

1. **Amount of grant requested**

|  |  |
| --- | --- |
| Total amount applied for: |  |
| The proportion of the project that would be supported by this application |  |

1. **Purpose of grant – summary**

Please give a one line summary here and attach a letter of up to 750 words giving full details of how you would use the grant. Please ensure you relate your application to the guidelines.

|  |
| --- |
| Please give a one line summary here……….. |

1. **Endorsements**

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

|  |  |
| --- | --- |
| Signed: |  (Chair)  |
| Print name: |  |
| Date: |  |

1. **Signed BY APPLICANT**

|  |  |
| --- | --- |
| Signed: |  |
| Print name: |  |
| Date: |  |

1. **Bank account details for applicant body**

(No payments can be made to personal bank accounts)

|  |  |
| --- | --- |
| Exact name of receiving account:  |  |
| Account Number:  |  |
| Sort Code: |  |
| Does your bank account require two signatures? | Yes / No |