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# APPLICATION FORM

# Diocese of Southwark: Mission & Evangelism Team – Small GRANT

1. **Name of applicant :**

**Name of church :**

**Address**  :

Telephone :

**Email :**

**2 Person/organisation to be paid :**

**Email :**

**Bank Account Name :**

**Account Number :**

**Sort Code :**

1. **Brief Description of how the money will be used:**

**4 Total grant amount requested :**

**Signed** On Behalf Of The PCC **: Date:**

**Diocese of Southwark approval : Date:**

**Please return this form to:** Mission Team Administrator, Diocese of Southwark,   
Mission & Evangelism Team, Trinity House, 4 Chapel Court, Borough High Street, SE1 1HW

Alternatively, email a signed and scanned version to [mission@southwark.anglican.org](mailto:mission@southwark.anglican.org)

Funds will be released once authorised invoices have been received which relate to the grant monies awarded