

Application number:

IMD 2007 parish rank:

(This box is for office use only)

THE CHURCH AND COMMUNITY FUND

APPLICATION FOR A GRANT

Full Legal Name of Parish:	<small>(or name of organisation/body if not a parish – should be a registered charity)</small>		
Archdeaconry:		Diocese:	
Title, name, position and contact address of applicant:			
Telephone:			
Email address:			

Brief description of project – what would any grant received from the CCF help to fund?

(Please give fuller details in the supporting statement)

Proposed starting date of project:

Proposed ending date of project:

Please state the parishes in your area of benefit (if practical) IF the application is not from one parish. You may also state here SOA-level deprivation scores IF you wish these to be considered (see Guidelines for explanation). Leave this box blank if neither applies.

Total cost of project:	£	Funds raised/awarded to date:	£
	<small>(Please give further details overleaf)</small>		<small>(Please give further details overleaf)</small>
Shortfall to date:	£	Amount Requested:	£

How did you hear about the CCF?	
Have you applied for a CCF grant before? Please give details if so.	
If successful, we will pay your grant by BACS transfer. Please state the name of the account you would like the grant transferred to.	<small>(NB Grants are usually only payable to the PCC or a registered charity)</small>

Date of meeting:

Decision:

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HAVE YOU COMPLETED THE REVERSE OF THIS FORM?
BREAKDOWN OF COSTS OF PROJECT AND SOURCES OF FUNDS

Please fill in the tables below, continuing on a separate sheet if necessary.

Any project whose total cost exceeds £50,000 or which will last more than 1 year must also send us additional, more detailed material (see Guidelines/Checklist).

Breakdown of key areas of expenditure/costs of project:	
ITEM	COST
TOTAL COST of project (should match application form):	

Breakdown of sources of funds already raised:	
SOURCE (eg from parish fundraising, diocese, grant-making bodies etc)	AMOUNT RAISED
TOTAL RAISED TO DATE (should match application form):	

Breakdown of sources of funds still to be raised:	
SOURCE (eg pending grant applications, future fundraising events etc) <i>Church and Community Fund</i>	AMOUNT HOPED FOR
TOTAL SHORTFALL (should match application form):	

Please ensure that you have completed the reverse of this form and included all additional required documentation.