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| --- | --- |
| Applicant/group name | Please enter applicant/group name |
| Contact name if different | Please enter Contact person’s name. |
| Contact phone number | Please enter a contact phone number |
| Contact email address | Please enter a contact email address here |
| Amount requested (Pounds) | Amount requested |
| Fund applied for | Choose a funding stream |
| Missional purpose/activity | Please provide the missional purpose, aims and scope of the project or activity for which funding is being applied for and expected duration of the activity  |
| Other funding streams | Please provide details of any other funding sources to be used for the project |
| Agreement | Please confirm that the Circuit Grant policy has been read and you understand and agree |

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| Office use only: Date: Click or tap to enter a date.Action: Choose an item.By: AB [ ]  KG [ ]  |