

SMALL GRANTS PROGRAMME APPLICATION FORM

Please complete and send/email this form with supporting attachments to: The Administrator, The Friends of the City Churches at the address below.

1	Church for which a grant is being applied		
2	Contact details of applicant: Name: Position (eg Administrator): Address: Email: Daytime telephone:		
3	Brief description of project for which grant aid is requested		
4	Where a faculty is necessary, has this been received and when		
5	Estimate of total project cost		
6	Amount of grant aid requested		
7	Please list supplementary documents included with this application, eg estimates, photographs.		
8	Please give best estimate of when project is likely to begin and end.		
	For office use Received: Acknowledged: Date of meeting: Decision: Notified:	Th	plicant's signature: e applicant confirms he/she has read and applied the companying notes