

Application number:	IMD 2004 parish rank:
<i>(This box is for office use only)</i>	

THE CHURCH AND COMMUNITY FUND

APPLICATION FOR A GRANT OR LOAN

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?
<small>(Please give fuller details in the supporting statement)</small>
Proposed starting date of project:
Proposed ending date of project:
Are you applying for a grant or for a loan?

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:	£ <small>(Please give further details overleaf)</small>	Funds raised/awarded to date:	£ <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.	
To whom should any grant cheque be made payable?	<small>(NB Cheques 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?

