Both Section A and Section B must be completed. Please return before the event by email to: MDadmin@Coventry.Anglican.org

**SECTION A**

**Organiser Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

**Event Details**

|  |  |
| --- | --- |
| Name of Event |  |
| Venue |  |
| Date |  |
| Description |  |
| Breakdown of Event Cost (please proof where possible) |  |
| Other funding sources (please specify) |  |
| **Total Grant Requested** |  |

**Bank Details**

|  |  |
| --- | --- |
| Bank name |  |
| Name on account |  |
| Account number |  |
| Sort code |  |

**Declaration**

I declare that the information on this application form and any supporting information enclosed with it is accurate to the best of my knowledge.

|  |
| --- |
| Signature |
| Date |

**SECTION B**

**Incumbent Recommendation (if in interregnum this should be completed by the Area Dean)**

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Comments*Please give your comments in support of this application.* |  |
| Incumbent Signature *(paste or type)* | Date |