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**Application for a CMD grant**

Please complete name and event details and Section C. Return the form ***and external documentation*** to support your claim to Lesley Steed at [lesley.steed@cofesuffolk.org](mailto:lesley.steed@cofesuffolk.org). Please call 07485 348889 for more information. Please note that your CMD grant cannot be used to cover travel costs or book purchases.

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| --- | --- | --- | --- | --- | --- |
| **Applicant’s name:** Click or tap here to enter text. | | | | | |
| **Applicant’s address:** | Click or tap here to enter text. | | | | |
| **Benefice/Appointment:** Click or tap here to enter text. | | | | | |
| **Email address/phone** Click or tap here to enter text. | | | | | |
| **Ministry**  *Please click:* | | I am a Priest  Lay Elder  Reader  Pioneer  Evangelist  Youth Minister  C&F Minister  Pastor | | | |
| *Please click:* | | I am stipendiary  self-supporting  permission to officiate | | | |
| **Name of event:** Click or tap here to enter text. | | | | | |
| **Type of event**:  *Please tick all that apply* | | Course  Conference  Day  Residential  Retreat | | | |
| **Date:** From Click or tap to enter a date. To Click or tap to enter a date. | | | | | Cost: Click or tap here to enter text. |
| **External documentation supplied with form.** *Please tick at least one box* | | | **Original** invoice  **Completed** booking form  Receipt | | |
| **Where should payment be sent?**  *Payment is by BACS only* | | | | Event organiser  Sort code \_\_\_-\_\_\_-\_\_\_ Account no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Claimant:  Sort code \_\_\_-\_\_\_-\_\_\_ Account no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Section C: What you are hoping to gain from the event?**

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**For office use only**

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| **Authorised:** | | **Date:** |
| ***Bal before grant: £*** | **Please pay: £** | **Account code: MIN42116** |
| **Payee:** | | |