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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. 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:**  |