



CENTRAL BAPTIST ASSOCIATION

Bedfordshire, Buckinghamshire, Hertfordshire, North Buckinghamshire, Northamptonshire

walking together in Ministry and Mission

Treasurer – Mrs Karen Hopkins

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EVANGELISM GRANT APPLICATION FORM

Church (Name & Address): _____

Details of proposed initiative: (please use additional sheets if required)

Aims & objectives:

Plan:

Timetable:

Total Cost of Initiative: £_____ Amount requested from CBA: £_____ (£1,000 max)

Annual Accounts attached Safeguarding Policy attached

Endorsement by Church: Minister / Church Officer _____

When complete please return to the Association Treasurer at the address or email above.

Office Use: Date Received _____ Date approved _____ Payment Reference _____