



MINISTRY INITIATIVES TRUST APPLICATION FORM

Applicant details:

Organisation Name			
Contact Person			
Email		Phone Number	
Role in Organisation			

Partners in application:

Organisation Name			
Nature of involvement			
Contact Person			
Email		Phone Number	
Role in Organisation			

Duplicate this form to add details of other partners in this application where applicable.

The Initiative

Title of Initiative			
Description of Initiative (in brief)			
Funding Justification (in brief)			
Funding requested	\$	<input type="checkbox"/> Once off funding	<input type="checkbox"/> Funding over __ years
Funding pledged	By applicant: \$	By partner(s): \$	

Signature:

Date:

ALL APPLICANTS ARE STRONGLY ENCOURAGED TO ALSO SUPPLY DETAILED INFORMATION TO SUPPORT THEIR APPLICATION.