

## Local Grant



Youth and  
Children's  
Ministries

### Youth & Children's Resources

Name of applicant: \_\_\_\_\_ Position: \_\_\_\_\_

Corps: \_\_\_\_\_ Division: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount applying for: \_\_\_\_\_

Cost Code: \_\_\_\_\_ Account Code (5 digit number): \_\_\_\_\_

Resource/s being purchased:

What impact do you hope this resource will have on the young people you work with and your ministry?

#### **Applicant Declaration:**

I confirm the information is correct to the best of my knowledge. I understand the submission of this application is not a guarantee a grant will be awarded, and the response may be a proportion of the amount requested.

I agree to complete a grant evaluation form which will be sent to me via email six months after my submitted grant request.

Signature:

Date:

Corps Officer Signature:

Date:

Divisional Signature:

Date:

**Please return this form to [youthchildren@salvationarmy.org.uk](mailto:youthchildren@salvationarmy.org.uk)**