

**CIBD Grant Application Form**

APPLICATION FOR GRANTS FROM THE CHARTERED INSTITUTE OF BREWERS AND DISTILLERS

All information will be treated as Confidential until a formal proposal has been made when the grant will become auditable as part of the CIBD legal and charitable requirements.

This application form should be completed and returned to the CIBD secretary of the section the application is made to.

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| **PART A to be completed by Applicant** |  |
| **CIBD Section** |  |
| **Title of Project /Activity** |  |
| **Summary (Max 500 words)** |  |
| **Start Date** |  |
| **Project Duration (Months)** |  |
| **Total funding request** |  |
| **Total cost of Project/Activity** |  |
| **Applicant** |  |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **E-mail** |  |
| **CIBD membership number** |  |
| **Project /activity Director** |  |
| **Additional funding sources** |  |
| **Additional information** |  |
|  |  |
| **Return completed form to the section secretary** |  |
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| **PART B to be completed by CIBD Section** |  |
| **Date received** |  |
| **Date approved/rejected** |  |
| **Applicant informed** |  |
| **Confirmation of application to Finance** |  |
| **Application unique number** |  |
| **Grant application type code** |  |
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| **PART C to be completed by CIBD Finance Team** |  |
| **Date payment request received** |  |
| **Date payment made** |  |
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