Rural Churches Repair Fund

## Application Form

Application Form to use when applying for grants from the Rural Churches Repair Fund & Sherrard Trust.



**CREATED ON: November 2017**
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Application Form for a grant from the Rural Churches Repair Fund & Sherrard Trust.

Please return this Application Form (preferably electronically) to Sue Thorold. If you need advice or help when completing the form please email sue.thorold@truro.anglican.org or phone her on 01872 247216.

|  |  |
| --- | --- |
| **Name of Church:** |  |
| **Church Listing:** |  |
| **Parish:** |  |
| **Contact name:** |  |
| **Address:** |  |
| **Telephone No.:** |  |
| **Email:** |  |

## 2. Information about the nature of the work

|  |
| --- |
| 1. **Describe the repair work:**
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|  |
| 1. **Has your Quinquennial Architect assessed the repair work:**
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|  |
| 1. **Has an application for Faculty been made to the DAC & if so has it been recommended?**
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| 1. **If the DAC has not been consulted please provide a specification & estimate of the work:**
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| 1. **If multiple works are planned, which specific works is this grant to support?**
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|  |
| 1. **Will you be applying for a Listed Places of Worship Grant on completion of the work to recover the VAT paid?**

**More information is available at:** <http://www.churchcare.co.uk/shrinking-the-footprint/news-and-campaigns/shrinking-the-footprint-news/459-100-vat-refund-for-listed-churches> |
|  |
| **If not, please explain why.** |
|  |

## Finance and Budgeting

|  |  |
| --- | --- |
| **Fabric Fund and other unrestricted reserves** | **£** |
| **Please itemize the level of your fabric fund and the total level of all unrestricted reserves.** |  |
| **Total :** |  |

|  |  |
| --- | --- |
| **Expenditure** | **£** |
| **Cost (excluding VAT):*****\*Please note that if the building is listed you will be required to reclaim VAT as far as you can.*** |  |
| **Total :** |  |
| **Income** | **£** |
| **Amount raised locally to date:** |  |
| **Has a grant been made or applied for from any other source- if so give details of all:** |  |
| **Enter text here.** |  |
| **Enter text here.** |  |
| **Enter text here.** |  |
| **Total** |  |
| **Total Grant requested** |  |

## 4. Monitoring and Reporting

|  |
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| 1. **Who will be managing and overseeing the repair work?**
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|  |

Please attach the following if applicable:

* Specification of work
* Plans
* Quotes
* Photographs

**Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parish Priest or Rural Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please note that any incomplete forms will be returned to the applicant.***