

Grant Application Form



Please answer all questions

1. ABOUT YOUR CHURCH						
Name of church	Click here to enter text.					
Address	Click here to enter text.			Postcode	Click here to enter text.	
Denomination	Enter here	If C of E, please indicate which Diocese:		Bristol <input type="checkbox"/>	Gloucester <input type="checkbox"/>	
Population of Parish	Enter number	On average, how many adults (18+) come to a main weekly service? Enter number				
Is your church listed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Grade I: <input type="checkbox"/>	Grade II*: <input type="checkbox"/>	Grade II: <input type="checkbox"/> (select relevant box)	
Is your church normally open during the day?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, what arrangements are made for access?	Click here to enter text.		
When was the last regular survey of your church?	Select date	Have its main recommendations been dealt with?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If not please indicate your plans for addressing these:	Click here to enter text.					
Is your church fully insured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What arrangements are in place for regular clearing of gutters and downpipes?	Click here to enter text.		
Does your church make an annual contribution to GHCT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Amount:	Click here to enter text.		
Does your church take part in GHCT's annual Ride and Stride?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how much did your church raise in total last year?	Click here to enter text.		
Do you have a Friends organisation or other trust fund whose assets are not shown on your church accounts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
2. CONTACT DETAILS						
Name of main contact for the application:	Click here to enter text.	Contact address:	Click here to enter text.			
Contact email address:	Click here to enter text.					
Phone number:	Click here to enter text.	Role in the church:	Click here to enter text.			
3. YOUR PROJECT						
Please describe below the work for which you are seeking a grant						
Click here to enter text.						
Total cost of work including contingency	Click here to enter text.	Professional fees	Click here to enter text.			

VAT on works and fees	Click here to enter text.	Total cost for project	Click here to enter text.
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4. YOUR FUNDING PLAN			
PROJECT COST	£ AMOUNT		
Total cost of works	Click here to enter text.		
Contingency Allowance	Click here to enter text.		
Professional Fees	Click here to enter text.		
VAT on works and fees	Click here to enter text.		
Other	Click here to enter text.		
Total Project cost:	Click here to enter text.		
CONFIRMED INCOME (list sources and amount)	£ AMOUNT		
Contribution from Church Funds (reserves)	Click here to enter text.		
Target for local fundraising	Click here to enter text.		
How much VAT is recoverable	Click here to enter text.		
Contribution from Friends or equivalent	Click here to enter text.		
Grants already received for this project	Click here to enter text.		
Total confirmed income:	Click here to enter text.		
Funding Gap:	Click here to enter text.		
What other grant applications have you pending or planned?			
£ AMOUNT			
Funding body: Click here to enter text.	Click here to enter text.	Pending: <input type="checkbox"/>	Planned: <input type="checkbox"/>
Funding body: Click here to enter text.	Click here to enter text.	Pending: <input type="checkbox"/>	Planned: <input type="checkbox"/>
Funding body: Click here to enter text.	Click here to enter text.	Pending: <input type="checkbox"/>	Planned: <input type="checkbox"/>
Funding body: Click here to enter text.	Click here to enter text.	Pending: <input type="checkbox"/>	Planned: <input type="checkbox"/>
Funding body: Click here to enter text.	Click here to enter text.	Pending: <input type="checkbox"/>	Planned: <input type="checkbox"/>
Total Other Grants:	Click here to enter text.		

5. CARRYING OUT THE WORK			
Have you obtained competitive tenders or quotations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, when will you do so? Click here to enter text.

Has a contractor been chosen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of contractor: Click here to enter text.	
Is the work to be specified and supervised by your architect/surveyor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of architect/surveyor: Click here to enter text.	
Have you obtained the following – please select one answer for each:				
Faculty or other denominational consent?	YES <input type="checkbox"/>	Applied <input type="checkbox"/>	Not required <input type="checkbox"/>	NO <input type="checkbox"/>
Approval of DAC (C of E cases)?	YES <input type="checkbox"/>	Applied <input type="checkbox"/>	Not required <input type="checkbox"/>	NO <input type="checkbox"/>
Planning permission for the work?	YES <input type="checkbox"/>	Applied <input type="checkbox"/>	Not required <input type="checkbox"/>	NO <input type="checkbox"/>
Listed building consent?	YES <input type="checkbox"/>	Applied <input type="checkbox"/>	Not required <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I declare that the above information is complete and accurate to the best of my knowledge, and that any grant offered will be used exclusively for the purposes described above, unless agreed in writing with the GCHT Grants Secretary.

Signature [Click here to enter text.](#)

Date [Select date](#)

Please read the Guidance Notes carefully, and make sure you attach all the necessary documentation to your application.



Registered Charity Number: 1120266