



FOR HCCPT USE ONLY	
Date received:	Date to Trustees:
Grant Approved (£)	Date Approved:

HISTORIC CHESHIRE CHURCHES PRESERVATION TRUST

GRANT APPLICATION FORM

All relevant questions should be answered. Applications may be returned if parts are illegible. Please use a continuation sheet (referencing the relevant box number) if there is insufficient space under any item.

PROJECT TITLE	Value of Grant Applied for:	£
1. Building for which Grant Aid is sought (see notes 1.1 – 1.4)		
1.1 Name/Dedication of Church/Chapel/Place of Worship:		
1.2 Address of Building (including post code):		
1.3 Is the Building Listed? (please tick box and provide copy of the listing if applicable):	<input type="checkbox"/> Unlisted <input type="checkbox"/> Grade I <input type="checkbox"/> Grade II* <input type="checkbox"/> Grade II <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
1.4 Is the Building in a Conservation Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please give the name of the Conservation Area:		
2. Persons/body making this application (see notes 2.1 – 2.3)		
2.1 Denomination		
2.2 Body initiating the intended repairs/work (e.g. PCC, Church Council etc)		
2.3 Contact details of the person/agent making this application (this should also be the person to act as point of liaison)		
2.3.1 Name:		
2.3.2 Address (including post code):		
2.3.3 Telephone number:		2.3.4 Email:
3. Architect/surveyor (see note 3.1)		
3.1 Name and qualifications:		
3.2 Address (including post code):		
3.3 Telephone number:		

4. Summary of the Project (see notes 4.1 – 4.2)

4.1 Brief description of the total works to be carried out (to include any relevant historical background information)

4.2 Details of the work for which the grant is sought if forming only a part of 4.1 above

5. Resources and Funding (see notes 5.1 – 5.7)

5.1 Total cost of the project (including VAT status) (£):

5.2 Do you expect to be able to reclaim the VAT?

Yes No

5.3 Amount of Grant aid being sought from HCCPT (£):

5.4 Fund raising. Summarise your plans for money for the work listed above and itemize any other grants that have been applied for.

5.5 Recent work on the church/chapel. Please give a brief description of the work and sums spent over the previous FIVE years.

5.6 Approximate numbers regularly attending usual Sunday services

5.7 Has your church/chapel participated in the HCCPT's Annual Ride and Stride event within the last FIVE years?

YES NO

6. Project management (see notes 6.1 - 6.5)

6.1 Please give details and dates of any necessary planning approvals, listed building consents and approvals from the parent body (e.g. for Anglican churches the date of the Faculty, for Methodist Chapels the approval of the Circuit or Division etc).

6.2 Please supply the following:

- A site plan clearly showing the location of the building and its curtilage.
- A copy of the full specification for the work to be carried out. Please note that builders' or contractors' estimates will not be considered in lieu of a specification.
- Copies of at least two estimates for the work to be carried out.
- Copy of your most recent annual report and accounts

6.3 Is the architect/surveyor providing a full supervisory service including submission of interim/final certificates for the work?

Yes No

6.4 Fees - what percentage will the work be charged at?

%

6.5 What is the proposed project timetable?

Anticipated START date:

Anticipated COMPLETION date:

If not known, likely duration of works:

(months)

7. Authorisation and certification

The completed form should be signed below, as indicated, by the applicant(s) or other person(s) authorised by the applying body

7.1 On behalf of:

7.2 In respect of the expenditure to be incurred in this application, I/We apply for a grant of:

£

7.3 I/We confirm that the information provided above is to my/our best knowledge true and complete and confirm that if required I/we will sign an agreement confirming correct use of the funds and that all the following documents are included with this application (tick as applicable)

1.3 Listing description (where applicable)

6.1 Copy of all necessary approvals

6.2 Plan of site & curtilage

6.2 Specifications & estimates

6.2 Annual Accounts

Name

Position

Date

Signature

Name

Position

Date

Signature

Name

Position

Date

Signature

8. Payment details	
Please provide Bank Account details	
Name and address of Bank	
Account name	
Account Number	
Sort Code	

Once completed and signed off, please return this application form to the Secretary who will arrange for it to be considered by the Trustees:

Mrs Dianne Arden
 6 Bell Meadow Court
 Tarporley
 CW6 0DT

Telephone: 01829 733639
 Email: hccpt.secretary@gmail.com

Please feel free to contact the Secretary if you have any questions about applying for an HCCPT grant or filling out this form.

Thank you for completing this form and applying for a grant from HCCPT