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| **Please refer to the guidelines when completing your application. If you have any queries, please contact Samuel Barrett – Church Buildings Support Officer via** [**SBarrett@diocant.org**](mailto:SBarrett@diocant.org) |

**Section 1 – Outline of the Application**

|  |  |  |
| --- | --- | --- |
| **A. Your church building** | | |
| **Dedication:** Click or tap here to enter text. | | **Parish:** Click or tap here to enter text. |
| **Benefice:** Click or tap here to enter text. | | **Deanery:** Click or tap here to enter text. |
| **B. The work** | | |
| **Please provide a summary of the works against which your application is being made, including the names of any architects/surveyors/contractors to be used:**  Click or tap here to enter text. | | |
| **Please provide a breakdown of the total cost of the works, including any professional fees:** Click or tap here to enter text. | | |
| **Please provide a proposed timetable for completion of the works:** Click or tap here to enter text. | | |
| **Applicant Signature:** |  | |
| **Full name:** | Click or tap here to enter text. | |
| **Date:** | Click or tap here to enter text. | |

**Section 2 – Supporting Documentation**

|  |  |
| --- | --- |
| **C. Supporting Documentation:** Please tick to confirm you have attached the following: | |
| Copy of most recent accounts which have been examined/audited |  |
| Details of externally funded grants applied for and current status (if applicable) |  |
| Details of any loans applied for or agreed (including from CDBF) |  |
| Details of other fund raising carried out to date |  |
| Summary of funds available for project (including from reserves) |  |
| Project cashflow (including VAT reclamation and loan repayments) |  |
| Quotations for the work (please include all quotations) |  |
| Photographs of work to be undertaken |  |
| An explanation of the works if they are improvements and how the improvements benefit missional objectives |  |
| Date of last quinquennial inspection |  |

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| **D. Consents** | | | | | |
|  | **In place** | **In progress** | **Not needed** | | |
| **Faculty** |  |  |  | | |
| **List B** |  |  |  | | |
| **Planning Permission** |  |  |  | | |
| **Other (please specify)** | Click or tap here to enter text. | | | | |
| If a faculty has been granted, please attach a copy and give the date and reference number (Please tick to confirm you have attached the following) | | | |  | |
| **Please provide details of any other funds (including grants and PCC reserves) to be used in addition to the Minor Repairs & Improvements Fund for this work:** Click or tap here to enter text. | | | | | |
| **E. Tick this box to confirm that your PCC has discussed and consented to this application:** | | | | |  |

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| **G. Parish Finances**  (Please note  below the year of your most recent  annual accounts  eg. 2018) |  | £ |
|  |  |
|  |  |
| Restricted Reserves | Click or tap here to enter text. |
| Unrestricted Income – most recent annual accounts | Click or tap here to enter text. |
| Unrestricted Reserves Value – most recent accounts | Click or tap here to enter text. |
|  | Unrestricted Cash Balance – most recent accounts | Click or tap here to enter text. |

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| **H. Project Finance:** (see supporting notes for eligible items): | |
| Estimated full cost of project (including all VAT) (This must be under £10k, not part of a larger project and not match funding for a larger project) |  |
| *minus* estimated VAT recovery |  |
| *minus* grants from other sources applied for or received |  |
| ***Equals* estimated net cost** |  |
| How much is already spent / committed? (if non-zero, please provide separate breakdown) |  |

**Section 3 – Correspondence and Payment Details and Archdeacon Approval**

**I. NAME, POSITION AND ADDRESS FOR CORRESPONDENCE:**

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | |
| Position held: | Click or tap here to enter text. |
| Telephone number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Postal address: |  |

**J. DETAILS OF BANK ACCOUNT INTO WHICH ANY GRANT SHOULD BE PAID:**

|  |  |
| --- | --- |
| Bank and Branch: Click or tap here to enter text. | |
| Account name: | Click or tap here to enter text. |
| Sort code: | Click or tap here to enter text. |
| Account number: | Click or tap here to enter text. |
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| **Please return your completed form, together with appropriate supporting documentation,**  **to** [SBarrett@diocant.org](mailto:SBarrett@diocant.org), **or if you have completed a hard copy return it to**  **Samuel Barrett, Diocesan House, Lady Wootton' s Green, Canterbury, Kent, CT1 1NQ**  Recommended for approval by DAC Secretary: YES / NO  Comments:  Signed: Date:  Recommended for approval by Archdeacon: YES / NO  Comments:  Signed: Date:  Recommended for approval by Diocesan Secretary: YES / NO  Comments:  Signed: Date: |