**Minor Repairs and Improvements Grant Application Form**

**Section 1: Summary**

|  |  |
| --- | --- |
| PARISH |  |
| DEDICATION |  |
| DEANERY |  |
| APPLICANT |  |
| BRIEF DESCRIPTION OF THE WORKS *(250 words max)* |  |
| QUINQUENNIAL INSPECTOR |  |
| DATE OF APPLICATION  |  |

**Section 2: Supporting Documents**

Please note that all these documents are required to be considered for the grant.

|  |
| --- |
| **Please tick to confirm you have attached the following:** |
| QI report carried out within the five year period. |  |
| A copy of the most recent accounts (which have been examined/audited) with a summary of funds available for the project including reserves.  |  |
| Photographs of the existing condition. |  |
| Proposed method statement/specification for the works produced by a suitably qualified professional. |  |
| Minimum of two quotes for projects over £1K |  |

**Section 3: Approvals**

Please select which level of permissions is required to carry out the proposed repair works. Please contact Alice.Latham@cofebirmingham.com if in doubt of the level of permission required.

|  |  |  |  |
| --- | --- | --- | --- |
| Permission Level | Is it required? | Has permission been granted? | If yes, please attach a copy and give the date and reference number below: |
| List A | Yes/No |  |  |
| List B | Yes/No | Yes/No |  |
| Faculty | Yes/No | Yes/No |  |
| Planning Consent | Yes/No | Yes/No |  |

**Section 4: Project Finance**

|  |  |
| --- | --- |
| Have you applied for alternative funding? | Yes/No |
| Have you secured other funding been secured? | Yes/No |
| Estimated full cost of the project (including all VAT). | £ |
| Minus estimated VAT recovery from LPW Grant | £ |
| Minus grants or fundraising from other sources | £ |
| Estimated Net Cost  | £ |

**Section 5 – Applicant Details**

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Telephone: |  |
| Email Address: |  |
| Postal Address: |  |

|  |
| --- |
| **Details of the bank account into which any grant should be paid (if successful)** |
| Bank Name: |  |
| Account Name: |  |
| Sort Code: |  / / |
| Account Number:  |  |

Completed application forms along with the supporting documents selected above should be submitted together to: buildinggrants@cofebirmingham.com

|  |  |
| --- | --- |
| APPLICANT NAME (BLOCKS) |  |
| APPLICANT SIGNATURE:  |  |
| DATE: |  |

The following section is to be completed by the Grant Committee ONLY:

**Section 6 – Application Review**

|  |  |
| --- | --- |
| Review Date:  |  |
| Parish IMD Rank: |  |
| Panel members in attendance:  |  |
| Comments:  |  |
| Recommended for approval:  | YES/NO |
| Signed:  |  |