

# YORKSHIRE HISTORIC CHURCHES TRUST

Registered Charity No. 1175099

MAIN GRANT APPLICATION FORM No: \_\_\_\_\_

**Please complete and forward this form to:**

**Mr J K Stamp**  
**Email: yhctgrants@sky.com**  
**Tel: 07594 578665**

**1. APPLICANT'S DETAILS:**

**Name of Organisation:**

**Contact Name and Address:**

**Contact Tel No:**

**Email Address:**

**Position held:**

**2. DETAILS OF PROJECT:**

**Name and full postal address of church:**

(please enclose map detailing location and boundaries).

**Denomination:**

**Diocese/District:**

**Brief history:**

(with dates if known)

**Is the church listed?**

(if yes, please enclose a copy of the Listing Description)

**Grade:**

If not listed but detailed in Pevsner's "Buildings of England" please give reference details.

**Is it in a Conservation Area?**

**Describe your project:**

[If available, enclose a copy of the work specification/drawings/ quotation(s) and photographs to illustrate the need for the works]

**What is your timescale for the project?**

Est. start date:

Est. compl date:

Est. project period:

**Give details of your Professional Advisor (eg. Architect/Surveyor)**

Name/Address/Contact No:

**Give details of your chosen contractor (if known):**

Name/Address/Contact No:
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**3. LA CONSENTS:**

Planning Permission  
Faculty/Equivalent  
Building Regulations

<u>Applied for</u>	<u>Granted</u>	<u>Refused</u>	<u>Details enclosed</u>

**4. CHURCH PROFILE:**

Electoral role/Membership:  
Average No @ Sunday worship:  
- Morning:  
- Afternoon/evening:  
- Sunday School:  
- Junior Church:

<u>Last Year</u>	<u>5 Years Ago</u>	<u>10 Years Ago</u>

**5. FUNDING**

*In order for your application to be considered, this section must be fully completed and substantiated. Please provide a copy of your most recent audited church accounts.*

Listed Places of Worship are eligible for VAT reclaim from LPWS [www.listed-places-of-worship-grant.dcms.gov.uk](http://www.listed-places-of-worship-grant.dcms.gov.uk)

Estimated total cost including professional fees and VAT [please include detailed budget statement].

£
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Funds obtained/promised to date:	£
- Local	
- English Heritage/Heritage Lottery Fund	
- Local Authority	
- National Churches Trust/other Trusts	
- Diocesan or other central sources	
- Other (see guidance note 5 and give details):	
<u>Totals</u>	£

**Anticipated Shortfall** .....

£
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**6. INSURANCE**

You should ensure that appropriate insurances are in place. In particular these should cover any risks in relation to site visit(s) by the Trust's inspector(s) as well as the general public. Any risks to which they may be exposed including advice to him/her of any relevant health and safety matters must be highlighted.

**7. PUBLICITY**

Please outline how you expect to generate publicity for the Yorkshire Historic Churches Trust.

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**8. SUPPORTING YORKSHIRE HISTORIC CHURCHES TRUST**

Does your church take part in any YHCT sponsor days (Ride & Stride / Yorkshire Churches Day? )

Do you open the church for Heritage Open Days?

Is your church a member of the Trust?

Have you received a previous grant from the YHCT?

If yes, please state when and how much


**9. COMPLETION CHECK LIST**

*Please read through your completed form and confirm the enclosures using the checklist below:*

Map showing location of church .....

Listing description (if applicable) .....

Specification/drawings of proposed scheme .....

Photographs of the church highlighting the needs for the scheme .....

Portrait photograph of the building within its setting\* .....

Details of insurances .....

Business Plan (if appropriate) .....

Copies of local authority/other Consents .....

Budget Statement and latest Church Accounts .....


**\* Please provide an actual photograph (hard copy) with your completed form.**

**We will hold your details in order to keep you updated on the work of the Trust.**

**We may review these details and contact you from time to time but we will not pass them on to any other party.**

**Please tick here if you prefer not to be contacted:**

**CERTIFICATION**

On behalf of: .....

I/We apply for a grant of £ .....

I/We declare we hold relevant insurance.

I/We declare that the information given in this application is accurate.

Name: ..... Position: .....

Signature: ..... Date: .....

Name: ..... Position: .....

Signature: ..... Date: .....