



Application Form

You will find it helpful to read the guidance notes in full prior to submitting your Application. Please visit the scheme website <https://listed-places-of-worship-grant.dcms.gov.uk> where you can access guidance regarding the eligibility criteria for the scheme.

All personal data collected via this form is processed in accordance with the UK GDPR and Data Protection Act 2018. For further information on how DCMS process your personal data in relation to this Scheme, please refer to our Privacy Policy [here](#).

Please e-mail the completed application form and supporting documentation to: grants@lpwscheme.org.uk
Alternatively, post the completed application form and supporting documentation to: **The Listed Places of Worship Grant Scheme, East Midlands Business Ltd, 5 Merus Court, Meridian Business Park, Leicester, LE19 1RJ**

In order to prevent delays when processing your application, please ensure that all sections of the form have been completed.

If you have any queries or doubts regarding the eligibility of works or require assistance in completing the form, please contact the Listed Places of Worship Grants Team prior to sending the form on **0800 500 3009**.

Alternatively, please contact us by e-mail at: grants@lpwscheme.org.uk

PLEASE COMPLETE BY HAND IN BLACK PEN, PLEASE ENSURE THAT ALL FIELDS ARE COMPLETED IN CAPITALS

SECTION 1: CONTACT DETAILS

1. Name / dedication of listed place of worship:

2. Address of listed place of worship:

Town / City:

County:

Country (please select from list):

- England
 Northern Ireland
 Scotland
 Wales

Post code:

3. Name of local authority in whose areas the place of worship is located:



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4. Religion or denomination of the place of worship:

4a. Please select the religion or denomination to which you most relate?

- Anglican
- Baptist
- Buddhist
- Catholic
- Church of Scotland
- Hindu
- Islamic
- Jewish
- Methodist
- Orthodox
- Sikh
- Society of Friends
- United Reformed
- Other (please specify)

5. Name of the person / organisation with legal responsibility for the works to the place of worship for which this application is being made:



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Please provide details below of the main point of contact for the application. Please note that we will not correspond with anyone regarding resolution of the claim other than the individual specified below.

Should we need to contact you, we will attempt to contact you twice by phone or email. If unsuccessful, we will return your application for further completion. Please note that we are not able to correspond with a third party acting on your behalf.

6. Title: Mr Mrs Miss Revd Other

7. Name:

8. Responsible position:

9. Address:

Town / City:

Post code:

10. Daytime telephone number (incl STD code):

11. Email address:



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SECTION 2: STEP 1 – THE PLACE OF WORSHIP

12. Is the place of worship solely or mainly used as a public place of worship? Yes No

13. Are public religious services held in the place of worship at least six times per year? Yes No
(If No, please go to question 14)

14. If No, is it owned by or vested in (please select)

- The Churches Conservation Trust
- Friends of the Friendless Churches
- Scottish Redundant Churches Trust
- Historic Chapels Trust
- Welsh Religious Buildings Trust
- The Foundation for Jewish Heritage
- The Norwich Historic Churches Trust
- Other, authorised by DCMS – please specify:

A monastery? Yes No

A convent? Yes No

A similar religious establishment (please give brief details below) Yes No

15. Please indicate if your organisation, or the organisation with legal responsibility for the works to the place of worship:

Has charitable status, or is recognised as a charity by HMRC? Yes No

Is covered by a PCC? Yes No

If you cannot answer Yes to any of the above, please attach a copy of your Constitution.



SECTION 3: STEP 2 – LISTED BUILDING

16. Listed Grade / Category (if known):

17. Listed Building List Entry Number / ID (if known – please note that if this information is not provided at this stage, it may cause delay in your application being processed):

SECTION 4: STEP 3 – ELIGIBLE EXPENDITURE

18. When were the works for which you are applying for this grant carried out?

Start Date

End Date

Ongoing

Yes

No

19. Please give a brief description of the work. Please see the guidance notes to check on eligibility



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VAT Treatment

VAT costs should be recovered through the VAT system where possible. Claimants are expected to ensure that all other eligible VAT reliefs are sought **before** seeking a grant under the Listed Places of Worship scheme.

20. Has the organisation with legal responsibility for the works agreed a business / non-business apportionment method for the VAT? Yes No
(If Yes, please go to question 21, if No, please go to question 24).

21. If yes, please give the VAT registration number (if no, proceed to question 24).

22. What proportion of your VAT are you unable to recover from HMRC? Please provide as a percentage (%)

23. Has this been agreed with HM Revenue and Customs? Yes No

If Yes, please provide evidence of this agreement with your application. This needs to only be provided once as long as there is no change in the rate applicable for the works

24. Have you been awarded a grant to cover any elements of the works to which this application relates to by:

- National Lottery Heritage Fund
- Historic Scotland
- Cadw
- Northern Ireland Environment Agency
- Historic England
- Not applicable
- Other – please specify below:

If you have ticked any of the boxes above, this information will be passed to the relevant grant awarding agency. In completing this application, you are giving an undertaking that the place of worship will reimburse the relevant amount of grant received via this scheme to the grant awarding agency, if the grant given by that agency already covers the VAT costs for which you are submitting a claim.



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25. Have previous claims been made for this building under the Listed Places of Worship Grant scheme?

Yes No Don't Know

26. How many original / photocopied / scanned VAT invoices are attached to this application?

27. Does the work include alterations? Yes No
(If No, please proceed to question 30).

28. Was planning consent given by the appropriate authority prior to undertaking the alteration works?

Yes No Not Applicable

29. Are you able to provide documentary evidence of this approval if selected for post payment audit?

Yes No

SECTION 5: YOUR CLAIM

30. Please complete the following table for each invoice.

If you are enclosing more than 5 invoices, please attach an additional sheet and tick here.

Date of invoice	Invoice Reference Number	Name of Supplier	Net Amount	VAT Rate (e.g. 20%)	% Eligible Works Reclaimable	Total Amount of Grant claimed for this Invoice
			£	%	%	£
			£	%	%	£
			£	%	%	£
			£	%	%	£
			£	%	%	£

Total from additional sheet: £

Total amount of grant claimed: £



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SECTION 6: YOUR PAYMENT DETAILS

31. Bank / Building Society Account Name:

32. Bank / Building Society Name:

33. Bank / Building Society Sort Code:

34. Bank / Building Society Account Number:

35. Do these details relate to a bank / building society account authorised for official expenditure in connection with the listed place of worship to which the application relates? Yes No



SECTION 7: DECLARATION

Please ensure that all the below declarations are ticked. Incomplete applications will be rejected. Please ensure when emailing the application that you copy in the counter signatory.

36. I certify that:

- This application form has been completed in accordance with the regulations set out in the Guidance to the Listed Places of Worship Grant Scheme and that we have carried out the appropriate checks and found all the above information to be correct.
- Other eligible VAT reliefs have been sought before seeking a grant under the Listed Places of Worship Grant Scheme.
- I have received any relevant consent required from the appropriate planning authorities or denominational bodies before undertaking the works included in this application.
- All invoices are either original or are true copies, and I undertake to produce original invoices for examination if the claim is selected for audit.
- I understand that the person countersigning may be contacted to verify the claim, if selected for audit.
- I understand that audits on claims may be carried out to check that these conditions have been met and I may be asked to provide written evidence of planning consent.
- I understand that if it is found that the terms and conditions of the Listed Places of Worship Grant Scheme have not been met, the grant received may be re-payable to DCMS.
- I agree that, where relevant, the information provided can be shared with HMRC, English Heritage, Historic Scotland, Cadw,, The Northern Ireland Environment Agency, Heritage Lottery Fund, and other relevant Lottery contributors.
- I understand that if some, or all of, the grant made is recovered from elsewhere (e.g. a VAT refund), then that amount must be refunded back to the Listed Places of Worship Grant Scheme.
- I have not received a grant from the Government's Cultural Recovery Fund to cover 100% of our project costs.

SECTION 8: CHECKLIST

In order to prevent any delays when processing application forms, please ensure that the following are included within the claim:

- A copy of your organisation's constitution if you answered 'no' to question 15.
- A clearly defined split on either the invoice or application where costs cover both eligible and ineligible works or building areas

Have you checked that:

- The form is signed and counter signed?
- You have included invoices for all claimed works?
- The invoices are dated within the last 12 months?



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- Where applicable, a Schedule of Works or contract document has been included?
- Where invoices don't specify the works carried out, you have included additional documentation to demonstrate the value claimed?
- You have included evidence of a business / non-business VAT apportionment method agreed with HMRC (if applicable)?

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Worship Grant Scheme, East Midlands Business Ltd, 5 Merus Court, Meridian Business Park, Leicester, LE19 1RJ**

It is recommended that you obtain proof of posting for all submissions to the scheme.

Signature :

Name:

Post held:

Date:

Counter signatory:

Name:

Post held:

Date:

Counter signatory email:

Counter signatory daytime telephone number: