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| A blue text with a black background  Description automatically generated with medium confidenceLogo and visual identity | The Church of England  | **Faith and Public Life****Disability Project Parish Grants Fund**APPLICATION FORM  |

We recommend that, before completing this form, you read the *Guidance Notes for applicants* and you may find it helpful to refer to *How to complete this form*.

**Contact details**

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| **Name** |   |
| **Role within parish** |  |
| **Telephone** |  |
| **Email** |  |

**Parish details**

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| Name of diocese |  |
| Name of parish |   |
| Legal name of the parish (often begins “The Ecclesiastical Parochial….”) |  |
| Parish code (if known)*(six-digit in the form 123456)* |  |
| Is your parish urban, suburban or rural? |  |
| What is the electoral roll of your parish (as per Church Representation Rules)? |  |
| Please confirm you are attaching the latest copy of your parish’s annual report including the audited or externally examined financial statements. |  |

**Project details**

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| Brief title of application: |  |
| Name of building(s) / area(s) affected by the proposed works *(eg church building / community hall / churchyard)* |  |
| Is this a listed building? If so, what listing?  |  |
| Estimated cost of project: |  |
| Amount of funding applied for from this Fund: |   |
| Give names of any other funds you have applied for, or are applying for, for this project, including funds from other grant-giving teams in the National Church Institutions.If none, write N/A. |  |
| Please give the amount of other funds applied for, or write N/A:For each fund, indicate whether that application is confirmed or unconfirmed. |  |
| Proposed project start date  |  |
| Proposed project end date |  |
| Have you engaged an architect for this project? If so, please add any architect’s plans/drawings as attachments to your application.  |  |

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| **Your proposed project** |
| Please give full details of the project / works proposed. This should include a clear outline of the way that the works will meet the criteria for the grant – to enhance accessibility and inclusion for those who are Deaf, disabled and/or neurodivergent, that these benefits are the main focus of the project and that they will continue in the long-term.Word Limit: 200 words*Please refer to the Guidance Notes for Applicants for further details of assessment and eligibility criteria .* |

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| **Responsiveness to demonstrable need** |
| Please indicate how you have established that this work is needed, and how you have consulted with those who you anticipate will benefit from the proposed works. Word Limit: 200 words |
| **Cost and financial** |
| Please provide a full costing of your proposed works below, using the table below. You do not need to use all the rows but you may add further rows as needed.* You should indicate either here or through supporting documentation how you have arrived at these figures, including any quotations submitted by potential suppliers and partners.
* If you are receiving additional funding, or providing funds from your own resources, add the details in this table, **with the amount provided by the other fund/resource showing as a negative figure.**
* The Total row should then clearly show the amount you are claiming from the Parish Grants fund.

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| Month/year | Item name/description | Cost |
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|  | Totals |  |

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| **Approvals** |
| Please indicate here the approvals which will be required for this work to take place.This may include for example Faculty Application, consultation with Historic England.Please also indicate any research you have conducted to indicate that such approvals are likely to be granted.(Word Limit: 100 words) |

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| **Resources and personnel** |
| Please indicate here the practical resources and personnel (whether staff or volunteers) that the parish will deploy to implement the project work. (Word Limit: 100 words) |

**Declaration**

I understand you will hold my data to assess this grant application and to manage and monitor any grant or funding offered for the duration of the grant-aided activity (and any audit or evaluation conducted post-completion) and that officers in the National Church Institutions or the external evaluators appointed by them may contact me or the contact(s) named above for those purposes.

I confirm that I have read and understood the *Guidance Notes for applicants* and its supporting documents. I confirm that the statements made in this application, together with the supporting information enclosed with it or cited electronically, are accurate and complete to the best of my knowledge. I accept that any correspondence or information provided to assess this application will be held on computer and used to process applications and to produce statistics.

**Signed:**

**Role:**

**Date:** Click or tap to enter a date.

**The signatory should be the chair of the Parochial Church Council or a person authorised to sign for the parish.**

Please email the completed form, your APCM report and financial statements, and any further supporting documentation to your Diocesan Officer.