

Application for Aid

Please fill with black/blue ink & either type or clearly print – we prefer an electronic version							
Office use only	Application Number						
Application/Organisation (This should be who the cheque would be made payable to if successful)		St Mary's, Harvington					
Contact Name:	,	Rt Rev Mgr Canon J	Moran				
Position held:		Parish Priest					
Address for correspondence		The Priest's House Harvington Nr Kidderminster DY10 4LR					
Registered Charity No. (if applicable)		234216					
Website address (if applicable)		www.stmaryharvington.org.uk					
Telephone: Day	y bile	01562 777319	Evening	01562 777319			
Email address: (ii	f applicable)	jmoran.stmarys@btinternet.com					
Preferred method communication	d of	Mobile Telephone 'X' email					
Please enter a cross in	one box only			please indicate			
1. What is the pu	urpose/missio	n statement of the	organisation?				
To promote the values of the Gospel of Jesus Christ together with other Christians in the locality. To worship God and faithfully minister to his people. To bring about a better understanding of other Faith communities and to give support to those in most need.							
2. Please describe in 20 words or less what the money will be spent on							
To purchase a field of just less than one acre which is adjacent to our Church and Graveyard.							
3. Please indicate how many local people will benefit from the grant							
Tick one box only 0-10 11-50 51-200 501-1,000 'X' over 1,000							
How much grant aid are you applying for? (applications of £1,000 or over may be required to make a short presentation) £5000.00							

Assistance with the purchase of the above mentione land N.B. If the grant relates to premises or land please indicate clearly who is the owner of the premises or land 4b. Applications of £1,000 and over only If your application is short-listed your may need to perform the premise of the premise or land A representative from your organisation may be ask Informal presentation, would this present a problem?	rovide a bus ng produced ed to give a	d? No	s X				
N.B. If the grant relates to premises or land please indicate clearly who is the owner of the premises or land 4b. Applications of £1,000 and over only If your application is short-listed your may need to premise the premise of the premise or land	rovide a bus	iness or Ye	s X				
N.B. If the grant relates to premises or land please indicate	Mr Grahar	n Gallop, Harving	jton Hall Farm				
•							
•							
•							
•							
	ea piece of	£5,000.00					
Item/Activity	d piece of	Amou	unt £				
appropriate							
Please provide a breakdown of what the money i	s for and ir	nclude VAT whe	re				
The cost of the land is £20,000 plus fees. Requests for loans and donations to cover these costs have been made to parishioners							
During the year we hold events which attract a great number of people and we have appreciated the previous owner's permission to park cars on the field to relieve congestions on our present car parking arrangements which are shared with Harvington Hall. The owners of the land have now sold their property and another reason is to prevent any undesirable development of this land which would be detrimental to the neighbouring area. These are our present plans for the use of the land.							
During the year we hold events which attract a great							
		4a. Please describe in detail what the grant is for and why it is needed. Please use this space to provide any additional information in support of your application including any photographs or financial details.					

6. How will it benefit the local community? To provide suitable off-road parking when large events are taking place. This amenity would also be available for events at Harvington Hall if requested.							
7. What do you aim to achieve and how will you measure this?							
As above							
8. How will you ensure v	alue for money	is delivered?					
We have already experience	d the use of the la	and.					
9. What is the timescale	to your project	?					
Project start date: We hope the purchase will be completed within the next few weeks.							
Do you have an exit strategy Y N Is the project time limited Y N (Please delete as appropriate)							
10. Does your application require matched funding? Yes ☐ 'No'							
(If yes, who will be matching the funding? Please state below)							
11. Have you received fu	nds from the P	arish Council before, if so	please state?				
No							
40.38/1.46		44.38/1.46					
12. What funds do you con have?	urrently	14. What funds are set a project?	side for this				
General funds (not including reserves) 2000		Requests have been made to parishioners for loans or donations.					
Reserves: Not available for this project.							
13. Other sources of aid – list names of providers and amounts (please indicate whether applied for in column 1 or received in column 2)							
(1) Applied for, from	£	(2) Already received or promised by	£				
As above							

14. Who controls the organisation:-						
Board of Directors/Trustees	V					
Board of Directors/Trustees	X 					
Committee						
Management Group						
15. How many staff/volunteers are employed by the organisation? i.e. 5 part-timers each doing 7.5 hours per week + 37.5hrs = 5 days equals 1 FTE						
How many full time equivalent members of paid staff? Parish Priest						
How many full time equivalent mer	mbers of volunteer / unpaid staff?	Countless				
How many volunteer hours per year	Countless					
Declaration (to be completed by all applicants)						
I am applying on behalf of the above named organisation and declare that: 1. The information provided in this application is correct 2. I confirm that the grant will only be used for the purposes described 3. I undertake on behalf of the organisation that any aid made under the programme or any such part of it will be repaid if: a) The organisation is found to be breach of the conditions applied to the grant or b) The grant ceases to be used for the purpose for which it was given.						
Form completed by: Full name please	Mgr John Moran	Date 30/12/2013				
Is your organisation registered f	or VAT. NO (dele	ete as appropriate)				
In some instances the Parish Council may commission the work themselves in order to reclaim VAT. Please enclose a copy of at least two competitive quotations where appropriate.						

Please return by email to yvonne.scriven@btinternet.com
This form is not to exceed 4 pages.