



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 <small>(This should be who the cheque would be made payable to if successful)</small>	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. <small>(if applicable)</small>	234216		
Website address <small>(if applicable)</small>	www.stmaryharvington.org.uk		
Telephone: Day Mobile	01562 777319	Evening	01562 777319
Email address: <small>(if applicable)</small>	jmoran.stmarys@btinternet.com		
Preferred method of communication <small>Please enter a cross in one box only</small>	<input type="checkbox"/> Mobile	<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> 'X' email
	<input type="checkbox"/>please indicate		
1. What is the purpose/mission 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 <input type="checkbox"/>	11-50 <input type="checkbox"/>	51-200 <input type="checkbox"/>
	501-1,000	'X'	over 1,000 <input type="checkbox"/>
How much grant aid are you applying for? <small>(applications of £1,000 or over may be required to make a short presentation)</small>			£5000.00

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 value for money is delivered?
We have already experienced the use of the land.

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 <input type="checkbox"/> Y <input type="checkbox"/> N Is the project time limited <input type="checkbox"/> Y <input type="checkbox"/> N (Please delete as appropriate)

10. Does your application require matched funding? Yes <input type="checkbox"/> 'No'
(If yes, who will be matching the funding? Please state below)
<input type="text"/>

11. Have you received funds from the Parish Council before, if so please state?
No

12. What funds do you currently have?	14. What funds are set aside for this project?
General funds (not including reserves) <input type="text" value="2000"/>	Requests have been made to parishioners for loans or donations.
Reserves: Not available for this project. <input type="text"/>	

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	<input checked="" type="checkbox"/>	
Committee	<input type="checkbox"/>	
Management Group	<input type="checkbox"/>	
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 members of volunteer / unpaid staff?		Countless
How many volunteer hours per year?		Countless
Declaration	(to be completed by all applicants)	
<p>I am applying on behalf of the above named organisation and declare that:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a) The organisation is found to be breach of the conditions applied to the grant <p>or</p> <ol style="list-style-type: none"> 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 for VAT. NO (delete 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.