

Small Grant Scheme

Application Form



Registered Charity Number: 1062255

SECTION 1 - ABOUT THE PROJECT

NAME OF MEMORIAL: _____

ADDRESS OF MEMORIAL: _____

CONTACT:
(For e.g. Chairman, Vicar, Clerk & their address/
telephone/fax/e-mail) _____

WHO OWNS THE MEMORIAL? _____

WORK PROPOSED:
(Please describe) _____

- Please enclose:*
- 1. copies of any condition reports, surveys, specifications or other expert advice relating to the work, along with*
 - 2. copies of quotes with complete method statement for the work proposed and*
 - 3. good quality set of photographs showing the war memorial as a whole and any problem areas.*

COST OF WORK (described above): £ _____ AMOUNT RAISED: £ _____

HOW IS IT PROPOSED TO RAISE ANY FURTHER NECESSARY FUNDING?

PAYEE NAME FOR GRANT:.....
This should not be a private individual. Please indicate if it is a Parish Council or similar. If it is a Registered Charity, please indicate this and give the charity registration number.

Section 2 - About the War Memorial

DATE OF CONSTRUCTION: _____

DATE OF ANY ALTERATIONS: (Describe, for e.g. addition of WWII names to WWI memorial.)

ARCHITECT/DESIGNER/MAKER: (If known) _____

For free-standing war memorials:

IS THE WAR MEMORIAL LISTED? **YES - Grade** _____ **NO** (Please circle)
(i.e. included on the statutory list of buildings of special historical or architectural interest, in its own right) If "yes" please state the Grade (I, II* or II in England and Wales; Category A, B or C(S) in Scotland).

IS THE WAR MEMORIAL IN A CONSERVATION AREA? **YES NO** (Please circle)

For war memorials in churches/churchyards:

FACULTY/OTHER ECCLESIASTICAL PERMISSION FOR THE WORK PROPOSED HAS BEEN
Applied for **Obtained** **or Is not needed?** (Please tick)

For listed war memorials:

LISTED BUILDING CONSENT FOR THE WORK PROPOSED HAS BEEN
Applied for **Obtained** **or Is not needed?** (Please tick)

For all war memorials:

IS THE WAR MEMORIAL INCLUDED ON THE *U.K. NATIONAL INVENTORY OF WAR MEMORIALS (UKNIWM)* AT THE IMPERIAL WAR MUSEUM?

YES - UKNIWM reference _____ **NO** (Please circle)

NAME AND TELEPHONE NUMBER OF YOUR LOCAL NEWSPAPER:

Section 3 - Declaration

I/we confirm that the information on this application form and the supporting information enclosed is true and complete to the best of my/our knowledge.

SIGNATURE OF APPLICANT(S):
(Please sign and print)

DATE OF APPLICATION:

Please ensure that you have answered all the questions and enclosed all the supporting information requested in this form and in the accompanying "Guidance Notes for Applicants".