



Memorials Grant Scheme

OCTOBER 2005

www.memorialgrant.org.uk

Application Form

PLEASE READ THE ACCOMPANYING GUIDANCE NOTES IN FULL BEFORE COMPLETING THIS FORM.

Please send completed application forms and relevant documentation to:
Memorials Grant Scheme, PO Box 609, Newport, South Wales NP10 8QD

Please quote this reference on all future correspondence relating to this application.

Claim Reference (for office use only) _____

In order to prevent delays when processing your application, please ensure that all relevant sections are completed. If you have any queries or doubts regarding eligibility of works, or require assistance on completing this form, please contact one of our operators on 0845 600 6430. This will be charged at the standard local rate.

Section 1: Memorial Details

1. Is the memorial a structure?
Yes No
If yes, please provide details:

2. Is the memorial situated in the UK / Overseas?
UK Overseas
Town: _____
City: _____
Country: _____

3. Please provide exact details of where the memorial is located:

4. If claiming for maintenance or repair, when was the memorial erected?

5. Does the memorial have at least 30 hours per week public access?
Yes No

6. Which of the following does the memorial commemorate?
Person (s)
Animal (s)
An event

7. Please provide additional information (e.g. the person, animal or event):

8. Does the memorial bear a commemorative inscription?
Yes No
Please provide details: _____



Section 2: Responsibility

9. Who is responsible for the memorial?
- Registered charity *Please go to Q10*
- Faith group exempt from charitable registration *Please go to Q13*

QUESTIONS 10-12 TO BE COMPLETED BY CHARITIES ONLY

10. Name of registered charity:
- _____
- _____
- _____
11. Registered charity number:
- _____
12. Registration date: _____

QUESTIONS 13 & 14 TO BE COMPLETED BY FAITH GROUPS EXEMPT FROM CHARITABLE REGISTRATION ONLY

13. Name / address of faith group:
- Name: _____
- Address: _____
- _____
- _____
- City: _____
- Postcode (if known): _____
14. Religion or denomination of faith group
- _____

Section 3: Your Claim

15. Does the work relate to construction or renovation?
- Construction Renovation
16. Please give a brief description of the works:
- _____
- _____
- _____
- _____
17. Please provide dates for the works being claimed:
- Start date: _____
- End date: _____
- Ongoing: _____
18. Was the work carried out by a VAT registered contractor?
- Yes No
19. Has the organisation with legal responsibility for the works agreed a reduced effective rate of VAT?
- Yes No
- If yes, what effective net rate do you pay: _____
20. Has this been agreed with HMCR (Previously Her Majesty's Customs & Excise)?
- Yes No
- If yes, please provide evidence of this agreement with your application, showing clearly the agreed rate applicable to the works.
21. Have previous claims been made under this scheme?
- Yes No

22. Please complete the following for each invoice. *Page 5 of the Guidance notes provides additional detail on how to complete this part of the form.*

Inv No / Ref	Net amount	VAT %	% of eligible works	Amount claimed
	£	%	%	£
	£	%	%	£
	£	%	%	£
	£	%	%	£
	£	%	%	£

Please note, no more than 5 invoices must be included on the application

Total amount of grant being claimed:

£

Section 4: Your Payment Details

BANK ACCOUNTS ONLY:

23. Bank Name: _____

24. Bank Account Name: _____

25. Bank Sort Code: --

26. Bank Account Number:

BUILDING SOCIETY ACCOUNTS ONLY:

27. Building Society Name: _____

28. Building Society Account Name: _____

29. Building Society Sort Code: --

30. Building Society Account Number:

31. Building Society Roll Number: _____

32. Do these details relate to a bank or building society account authorised for official expenditure in connection with the memorial to which this application relates?

Yes

No

Section 5: Contact/Remittance Details

33. The following contact should be used in all correspondence concerning this application:

Name: _____

Responsible position: _____

Address: _____

City: _____

Postcode: _____

Daytime telephone number (including STD code):

() _____

Email : _____

Should we need to contact you, we will try twice by phone/email. If we are unable to fully resolve any queries during this time, we will return your application to you.



Section 6: Declaration

I certify that this application form has been completed in accordance with the regulations set out in the Guidance to the Memorials Grant Scheme, and that I have carried out the appropriate checks and found all the above information to be correct.

I agree that, where relevant, the information provided can be shared with English Heritage, Cadw, Historic Scotland or other providers of memorial grants.

I confirm that I have only included the element of work carried out after 16th March 2005 in this application, and that either the invoice or question 22 shows the basis of the calculation.

Signature: _____

Name (in capitals): _____

Post Held: _____

Date: / / 200

Footnote

This scheme is being administered by DCMS for the whole of the United Kingdom. The information will be held on computer and will be used to process applications, grants and to produce statistics. Some of this information may be shared with other grant-providing organisations such as English Heritage, Cadw, Historic Scotland or other providers of memorial grants.

Payment will generally be made within 2 months of the date of application. This will however be dependent on receiving a correctly completed application form, together with original supporting documentation, which fully details the work being claimed. In order to prevent delays when processing applications, please ensure the following are included with the claim:

- Original contractors VAT invoice to support all works being claimed.
- Details of works. (If the invoice does not detail all works upto the net amount being claimed, this detail must be provided in question 16).
- For invoices that cover work carried out before and after 16th March 2005, provide calculations to demonstrate the element of work carried out after 16th March 2005 if the invoice does not make this clear.
- For invoices that cover partly qualifying memorial / works and partly non-qualifying memorial / works, either the invoice or question 22, must be marked to show the eligible percentage being claimed.
- For VAT registered Charities or faith groups exempt from charitable registration, which pay an effective net rate less than 17.5%, evidence of the VAT rate agreed with HM Customs & Revenue.

Please send completed application forms with supporting documentation to the following address: Memorials Grant Scheme, PO Box 609, Newport, South Wales, NP10 8QD

