



REVISED JUNE 2014

# Application Form

**YOU WILL FIND IT HELPFUL TO READ THE ACCOMPANYING GUIDANCE NOTES IN FULL PRIOR TO SUBMITTING YOUR APPLICATION. THESE NOTES ARE AVAILABLE TO VIEW OR DOWNLOAD FROM THIS SITE.**

Please send completed application forms and relevant documentation to:

Topmark (LPOW), 160 Bath Street, Glasgow, G2 4TB or by email to: [dcms@topmarkcms.com](mailto:dcms@topmarkcms.com)

In order to prevent delays when processing your application, please ensure that all sections are completed. If you have any queries or doubts regarding eligibility of works, or require assistance in completing the form, please contact one of our operators prior to sending the form, on 0845 013 6601. Alternatively, please contact us at [dcms@topmarkcms.com](mailto:dcms@topmarkcms.com)

**IF COMPLETED BY HAND, PLEASE ENSURE ALL FIELDS ARE COMPLETED IN CAPITALS.**

## Section 1: Contact Details

1. Name/dedication of listed place of worship:

\_\_\_\_\_

\_\_\_\_\_

2. Address of the listed place of worship:

\_\_\_\_\_

\_\_\_\_\_

Town/City: \_\_\_\_\_

County (compulsory): \_\_\_\_\_

Postcode: \_\_\_\_\_

3. Name of local authority in whose area the place of worship is located:

\_\_\_\_\_

4. Religion or denomination of the place of worship:

\_\_\_\_\_

5. Name of person/organisation with legal responsibility for the works to the place of worship for which this application is being made:

\_\_\_\_\_

*Please give your correspondence details below:*

Title: Mr/Mrs/Miss/Revd/Other (please specify) \_\_\_\_\_

Name: \_\_\_\_\_

Responsible position:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime Telephone (incl STD code):

\_\_\_\_\_

Email:

\_\_\_\_\_

***Please note that we will not correspond with anyone other than the individual specified above regarding resolution of your claim.***

*Should we need to contact you, we will try twice by phone/email. If unsuccessful, we will return your application for further completion. Please note that we will not correspond with a third party.*

## Section 2: Step 1 – The Place of Worship

6. Is the place of worship solely or mainly used as a public place of worship?
- Yes                      No
7. Are public religious services held in the place of worship at least six times a year? (If no, please go to question 8)
- Yes                      No

8. If No, is it owned by or vested in: (please select)

The Churches Conservation Trust:

Friends of Friendless Churches:

Scottish Redundant Churches Trust:

Historic Chapels Trust:

Welsh Religious Buildings Trust:

Other, authorised by DCMS:  
–please specify

\_\_\_\_\_

\_\_\_\_\_

A monastery?              Yes                      No

A convent?                Yes                      No

A similar religious establishment? – please give brief details:

\_\_\_\_\_

\_\_\_\_\_

9. Please indicate if your organisation or the organisation with legal responsibility for the works to the place of worship:

Has charitable status, or is recognised as a charity by HMRC:

Yes                      No

Is covered by a PCC:

Yes                      No

If you cannot answer Yes to any of the above, please attach a copy of your constitution.

## Section 3: Step 2 – Listed Building

10a. Listed Grade/Category (if known):

10b. Listed Building ID (if known - please note that if this information is not provided at this stage it may cause delay in your application being processed):

\_\_\_\_\_

## Section 4: Step 3 – Eligible Expenditure

11. When were the works for which you are applying for the grant carried out?

Start date:                      /                      / 20

End date:                        /                      / 20

Ongoing:                      Yes                      No

12. Please give a brief description of the work. Please see the guidance notes to check on eligibility.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### VAT Treatment

**VAT costs should be recovered through the VAT system where possible.**

*Claimants are expected to ensure that all other eligible VAT reliefs are sought before seeking a grant under the scheme. Examples of other VAT reliefs that may be available to listed places of worship are provided in Note 3.5 of the Guidance.*

13. Has the organisation with legal responsibility for the works agreed a business/non-business apportionment method for VAT? (See Guidance note 3.5)  
(If yes, go to question 14, if no go to question 17)

Yes                      No

14. If yes, please give the VAT registration number:  
(if no, proceed to question 17)

\_\_\_\_\_

15. What proportion of your VAT are you unable to recover from HMRC?

\_\_\_\_\_

16. Has this been agreed with HM Revenue and Customs?

Yes                      No

*If Yes, please provide evidence of this agreement with your application. This needs only to be provided once providing there is no change in the rate applicable for the works.*

17. Have you been awarded a grant to cover any elements of the works to which this application relates to by:

- Heritage Lottery Fund
- Historic Scotland
- Cadw
- Northern Ireland Environment Agency
- English Heritage
- Other (please specify): \_\_\_\_\_

*If you tick any of these boxes, this information will be passed to the relevant grant awarding agency.*

*In completing this application, you are giving an undertaking that the place of worship will reimburse the relevant amount of grant received via this scheme to the grant awarding agency, if the grant given by that agency already covers the VAT costs for which you are submitting a claim.*

18. Have previous claims been made for this building under the Listed Places of Worship Grant Scheme?

- Yes      No      Don't Know

19. How many original/photocopied/scanned VAT invoices are attached? \_\_\_\_\_

20. Does the works include alteration?  
If No, proceed to question 23.

- Yes      No

21. Was planning consent given by the appropriate authority prior to undertaking the alteration works?

- Yes      No      Not Applicable

22. Are you able to provide documentary evidence of this approval if selected for post payment audit?

- Yes      No

## Section 5: Your claim

23. Please complete the following for each invoice. Section 5 of the Guidance Notes gives an example of how to complete this part of the form. If you are enclosing more than 4 invoices, please attach an additional sheet and tick here.

Invoice Ref.	Net Amount	VAT Rate (e.g. 20%)	% Eligible Works Reclaimable	Total Amount of Grant claimed for this Invoice
	£	%	%	£
	£	%	%	£
	£	%	%	£
	£	%	%	£

Total from additional sheet: £ \_\_\_\_\_

Total amount of grant claimed: £ \_\_\_\_\_

## Section 6: Your Payment Details

24. Bank/Building Society Account Name:  
\_\_\_\_\_

25. Bank/Building Society Name:  
\_\_\_\_\_

26. Bank/Building Society Sort Code:  
□□□ - □□□ - □□□

27. Bank/Building Society Account Number:  
□□□□□□□□

28. Do these details relate to a bank/building society account authorised for official expenditure in connection with the listed place of worship to which the application relates?

- Yes         No

## Section 7: Declaration



**PLEASE ENSURE THE BELOW DECLARATIONS ARE CHECKED. INCOMPLETE APPLICATIONS WILL BE REJECTED. IF COMPLETING THIS FORM ELECTRONICALLY, SIMPLY MOVE THE CURSOR TO THE APPROPRIATE BOX, CLICK AND THIS WILL CHECK AUTOMATICALLY. PLEASE ENSURE WHEN EMAILING THE APPLICATION THAT YOU COPY IN THE COUNTER SIGNATORY.**

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

I certify that other eligible VAT reliefs have been sought before seeking a grant under the Listed Places of Worship Grant Scheme. [Examples of VAT reliefs that may be available to listed places of worship are provided in Note 3.5 of the Guidance].

I certify that I have received any relevant consent required from the appropriate planning authorities or denominational bodies before undertaking the works included in this application. [Information on planning consent is included in the Summary section of the Guidance].

I certify that all invoices are either original or are true copies and I undertake to produce the original invoices for examination if the claim is selected for audit.

I understand that the person countersigning may be contacted to verify the claim, if selected for audit.

I understand that audits on claims may be carried out to check that these conditions have been met and I may be asked to provide written evidence of planning consent.

If it is found that the terms and conditions of the Listed Places of Worship Grant Scheme have not been met, I understand that the grant received may be re-payable to DCMS.

I agree that, where relevant, the information provided can be shared with HMRC, English Heritage, Historic Scotland, Cadw, The Northern Ireland Environment Agency, Heritage Lottery Fund and other relevant Lottery distributors.

I understand that if some or all of the grant made is recovered from elsewhere (e.g. a VAT refund), then that amount must be refunded back to the Listed Places of Worship Grant Scheme.



## Section 8: Checklist

In order to prevent delays when processing application forms, please ensure the following are included with the claim:

- A copy of your organisation's constitution if you answered 'no' to question 9
- A clearly defined split on either the invoice or application where costs cover both eligible and ineligible works or building areas

Have you checked:

- That the form is signed and counter signed?
- That you have included invoices for all claimed works?
- That the invoices are dated within the last 12 months?
- That where applicable a Schedule of Works or contract document has been included?
- That where invoices don't specify the works carried out, have you included additional documentation to demonstrate the value claimed?
- That you have included evidence of a business/non-business VAT apportionment method agreed with HMRC (if applicable)?

**Please send completed application forms with supporting documentation to the following address:**

**Topmark (LPOW), 160 Bath Street, Glasgow, G2 4TB - or by email to: [dcms@topmarkcms.com](mailto:dcms@topmarkcms.com). It**

**is recommended that you obtain proof of posting for all submissions to the scheme.**

Signature:

Counter signatory:

Name:

Name:

Post held:

Post held:

Date:

Date:

Counter signatory email:

Counter signatory daytime phone number:

Footnote

The information provided will be held on the database 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, the Heritage Lottery Fund, and devolved agencies; Cadw, Historic Scotland and Northern Ireland Environment Agency.

Department for Culture Media & Sport