FRANCIS COALES CHARITABLE FOUNDATION

Registered Charity No. 270718

APPLICATION FOR GRANT – Part 1

1.	APPLICANT	Γ (i.e. Body or Organisation	applying for Gra	ant)		
	NAME					
	ADDRESS					
	EMAIL			TELEPHONE		
2. (CORRESPON	NDENT (i.e. Person for Cor	nmunications)			
	NAME					
	ADDRESS					
	EMAIL			TELEPHONE		
3.	Please note the been completed as a possible of proposals.	IMARY OF GRANT REC hat the Trustees will not nor ted. ppropriate) architect's, survey Photographs of problems are hat Quinquennial Inspection	vor's and/or cons	ervator's specificati	ions or other technical of the sheet if necessary.	
4	ESTIMATEL		IECT			
4.	Contractor's	D TOTAL COST OF PROJ work	JEC I			
	Professional f					
	Contingencie					
		on works and fees				
	Total cost					
 4. 		ets estimated or accurate figu	res based on con	npetitive tenders? ((delete as applicable)	
		received or promised (name of grantors and amounts) and other grants applied for:				

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APPLICATION FOR GRANT - Part 2

The following to be completed in respect of BUILDINGS AND/OR CONTENTS:

(a)	BRIEF HIST	ΓORICAL/ARC	CHITECTURAL B.	ACKGR	OUND		
(b)	ARCHITEC	CT/SURVEYOR	FOR THE PROJE	ЕСТ			
	NAME						
	ADDRESS						
	EMAIL				TELEPHONE		
	Please state w	hether your profe	ssional adviser is cons	servation	accredited	YES/NO	
(c)		ECT OF A CHU					
	County				Diocese		
	Is your churc	h Listed?	YES/NO [Grade		
	Sum raised by	y P.C.C. and other	· local effort				
	Please provide	e P.C.C. bank deta	nils				
	Please provide a copy of the latest audited/independently examined P.C.C. accounts YES/NO						
	Is a Faculty o	r an Archdeacon's	YES/NO				
	Is 'YES' has it been obtained? (please provide a copy if obtained)						
	Are the gutte	rs, downpipes and	drains regularly main	ntained a	nd in working ord	er? YES/NO	
(d) CONSERVATOR FOR THE PROJECT							
	NAME						
	ADDRESS						
	EMAIL				TELEPHONE		
	Please confirm	n that the conserv	rator is ICON accred	lited	I	YES/NO	

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APPLICATION FOR GRANT - Part 3

The following to be completed in respect of BUILDINGS AND/OR CONTENTS:

IF A BUILDING OTHER THAN A CHURCH The legal owners if other than the applicant							
NAME							
ADDRESS							
EMAIL			TELEPHONE				
Is the building	g occupied by the owner? (I	f'NO' please prov	ride details)	YES/NO			
For what purp	pose is the building used?						
ANY OTHE	ANY OTHER INFORMATION THOUGHT RELEVANT OR HELPFUL						
Signed			Position of signator	ory			
D. 6-							
Date							

Please return this form to: Francis Coales Charitable Foundation, The Old Rectory, Rectory Way, Lympsham, Somerset BS24 0EW. Email: Administrator@franciscoales.uk