**SUSSEX CHURCHES BELL RESTORATION FUND**

Sussex County Association of Change Ringers

REGISTERED CHARITY No. 268588

APPLICATION FOR ASSISTANCE TOWARDS COST

OF WORK TO BE CARRIED OUT

1. CHURCH......................................................................................................................................................
2. POPULATION OF PARISH ........................................................................................................................
3. NUMBER OF CHURCH MEMBERSHIP .....................................................................................................
4. BRIEF DETAILS OF WORK TO BE UNDERTAKEN ..................................................................................

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1. HAS A FACULTY OR ARCHDEACON’S CERTIFICATE BEEN APPLIED FOR AND WITH

WHAT RESULT? ………………………………………………………………………………………….………..

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1. PLEASE ITEMISE GROSS EXPENDITURE

Contractor Amount

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1. PLEASE ITEMISE TOTAL SAVINGS WHICH CAN BE MADE (e.g. local labour, accommodation etc.)

Method Amount

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1. a) PLEASE GIVE DETAILS OF AMOUNTS ALREADY RAISED OR AVAILABLE FOR THIS

PURPOSE AND THE PERIOD IN WHICH COLLECTED

£ .............................................................................. ........ years

 b) WHAT FURTHER AMOUNT CAN BE RAISED?

£ ............................................................................. ........ years

1. PLEASE GIVE DETAILS OF OTHER GRANTS APPROVED

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1. WHEN DO YOU WISH TO START THE WORK?

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1. WHAT PROFESSIONAL ADVICE HAVE YOU RECEIVED FROM BELLFOUNDERS, BELLHANGERS, ARCHITECTS AND STRUCTURAL ENGINEERS? GIVE BRIEF DETAILS.

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1. HAVE YOU RECEIVED ANY ADVERSE OR CONFLICTING ADVICE IN CONNECTION WITH

 THIS PROJECT? YES/NO IF YES, GIVE DETAILS.

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14. NAME AND ADDRESS OF PCC SECRETARY (Correspondence may be copied to this person)

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Phone/Fax/E-Mail details ................................................................................................................

15. NAME AND ADDRESS OF NORMAL CONTACT FOR CORRESPONDENCE

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Phone/Fax/E-Mail details ................................................................................................................

16.PLEASE ENCLOSE:

a) All reports from Foundries, Bellhangers, Architects and Structural Engineers

b) Specifications and cost estimates of all work involved

c) Latest accounts of the Church and details of any other related Funds (e.g. Friends of ...)

17. SIGNATURE OF APPLICANT (who must be the Incumbent/Priest-in-Charge or Churchwarden)

Signature …………………............................................................ Date ............................................

Name (in CAPITALS) ……………………………...................................................

Position ................................................................................................................

NOTE – Any grant offered by the BRF will be paid upon successful completion of the specified work, after inspection by a member of the BRF committee.

Please return this form with the supporting documentation to:

HON. RESTORATION FUND SECRETARY:

Mr. Robert Lane

Flat 22, The Wardian

33 Perrymount Road

Haywards Heath,

West Sussex RH16 3XN

TELEPHONE: 07972 914062

E-mail: brf@scacr.org

[BRF.APP.FORM.REV.2024]