



# Memorials Grant Scheme

JUNE 2014

[www.memorialgrant.org.uk](http://www.memorialgrant.org.uk)

## 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 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 013 6601 or 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: 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: \_\_\_\_\_

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

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 groups excepted from registering as charities  *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 EXCEPTED FROM REGISTERING AS CHARITIES 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 Her Majesty's Revenue and Customs?
- 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
	£	%	%	£
	£	%	%	£
	£	%	%	£
	£	%	%	£
	£	%	%	£

Total amount of grant being claimed:

£

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### Section 4: Your Payment Details

23. Bank/Building Society Name:

\_\_\_\_\_

24. Bank/Building Society Account Name:

\_\_\_\_\_

25. Bank/Building Society Sort Code:

-   -

26. Bank/Building Society Account Number

27. 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

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

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 16<sup>th</sup> March 2005 in this application, and that either the invoice or question 22 shows the basis of the calculation.

Signature:

Counter signatory:

Name:

Name:

Post Held:

Post held:

Date: 20

Date:

Counter signatory email:

Counter signatory daytime phone number:

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### 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:

- 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 16<sup>th</sup> March 2005, provide calculations to demonstrate the element of work carried out after 16<sup>th</sup> 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 excepted from registering as charities, which pay an effective net rate less than the standard rate, evidence of the VAT rate agreed with HMRC.
- Please ensure if submitting the application by email that you copy in the counter signatory.

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

**address:** Topmark (LPOW), 160 Bath Street, Glasgow, G2 4TB or [DCMS@topmarkcms.com](mailto:DCMS@topmarkcms.com)