**Mrs Jane Cart’s Trust**

**Application for financial support and guidelines for applicants**

**What we fund.**

The public benefit achieved by the Charity is in the form of individual grants given to members of the Church of England clergy or their dependants, to alleviate hardship and support their ministry. This can cover a variety of circumstances such as the additional costs borne upon retirement or medical expenses.

The Trust now makes grants according to the following main categories:

1. **General Living Costs**

Once per annum £1,250 for assistance with day to day living expenses to relieve the burden of those on low incomes.

1. **Special Needs**

Capital (one off purchases/repairs) or revenue payments for expenses with a maximum payment of £5,000. Higher sums can be considered in exceptional circumstances and only at the discretion of the Trustees according to the funds available at the time. Qualifying issues might include, for example, convalescent or recuperative care, medical equipment, or treatment not available through the NHS, capital purchases to improve the home or other pressing needs. Please be extremely clear about what you need funding for and exactly how much you need.

1. **Emergency Grants**

Up to £2000 for urgent immediate support and up to £5,000 for difficult circumstances.

1. **Marriage Breakdown**

One off £1,000 payment to support spouses when marriages/civil partnerships break-down. This would be paid out immediately, regardless of circumstances, when a marriage/civil partnership breaks down and the spouse leaves the Vicarage. In this instance, this application form does not need to be completed.

1. **Appointed Clergy**

One off £1,000 payment to newly appointed clergy in the Diocese of St Albans to support the resettlement costs. In this instance, this application form does not need to be completed. The official appointment notice and JCT payment form need to be provided.

1. **Retiring Clergy**

One off £1,000 payment to clergy from the Diocese of St Albans only, upon their retirement. In this instance, this application form does not need to be completed. The official retirement notice and JCT payment form need to be provided.

**How to apply.**

If you would like to apply, please complete the enclosed application form, and return it to the Trust. If you would like to discuss an application in more detail, please call us on 01525 306690 or e-mail jct@blcf.org.uk

**What happens once we receive your application?**

1. **Grants for general living costs** are awarded annually in the summer. Ad-hoc requests will be reviewed and considered at the next scheduled grant-making meeting, usually held once a quarter.

**Grants for special needs** will be reviewed and considered at the next scheduled grant making meeting, usually held once a quarter.

**Grants for emergencies** will be considered as soon as possible.

**Grants for Marriage breakdowns** will be considered as soon as possible.

**Grants for Newly Appointed and Retiring Clergy** will be paid close to the appointment/retirement date.

1. Your application will undergo an initial check for correct completion and eligibility, at which time we may contact you to provide further information.
2. Any details you provide will be treated in strict confidence.
3. We will confirm to you, in writing, the outcome of your application.

**Grant Conditions**

1. You must comply with any terms and conditions included in the grant offer letter.
2. The grant will be used solely for the purpose stated on the application form. If this is not possible, the grant must be returned to the Trust.
3. Any assets bought with a grant from the Trust cannot be sold, disposed of, or given away to any other groups or individual without the prior written consent of the Trust.

**Please send your completed form to: jct@blcf.org.uk**

Or

Mrs Jane Cart’s Trust

c/o Bedfordshire and Luton Community Foundation

Room 129-130 Enterprise House,

Wrest Park, Silsoe,

Beds MK45 4HS

**GRANT APPLICATION**

Please complete every question in black ink (even if the answer is “no” or “not applicable”)

**A: INFORMATION ABOUT YOU AND YOUR FAMILY**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Home address |  | Post Code |  |
| Daytime tel. |  | E-mail |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are you (please tick one box) | Clergy |  | Clergy widow/er |  | Maiden daughter |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of home you live in  (please tick one box) | Vicarage |  | Owned outright |  | Owned with mortgage |  | Housing Assoc. |  | Other rented |  | Sheltered accommodation |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of Dependents and Spouse | Name | Relationship | Occupation | Age |
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| --- | --- | --- | --- |
| In which Parish, within the Diocese of St Albans, did you or do you (or your spouse/parent) work? (If you were not affiliated to a particular Parish, please provide details as appropriate.) | Parish | From | To |
|  |  |  |

**B: FINANCIAL INFORMATION**

This section must be completed in full to enable your application to be assessed.

|  |  |
| --- | --- |
| Family Income | £ |
| What is the gross annual income of you and all those who live with you, from all sources (e.g., salary, benefits, pensions, investments, property, and any other earnings)? Please outline these below and enter an annual value in the column on the right. |  |
|  |  |
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| --- | --- |
| Expenditure | £ |
| Do you have any exceptional expenditure costs over and above the usual living expenses? If so, please outline these below and enter an annual value in the column on the right. |  |
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| --- | --- |
| Bank Details | |
| Name of Bank: |  |
| Bank Account Name: |  |
| Bank Account Sort Code: |  |
| Bank Account Number: |  |

**C: WHAT WOULD YOU LIKE THE TRUST TO FUND?**

This section must be completed in full to enable your application to be assessed.

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| --- | --- | --- |
| Are you applying for a grant towards general living costs? Please tick yes or no.  There is no need to provide any further detail. | **Yes** | **No** |
|  |  |

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| --- | --- | --- |
| If you are applying for a grant from the special needs fund, please explain what this is for, why it is needed, the total cost and the amount you wish to claim. | Total cost  £ | Amount requested from JCT  £ |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Please advise us what other Trust Fund applications you have made in relation to this appeal, and their success or otherwise. | | |
| Are you receiving any other grants/income? Please tick yes or no.  If yes, please provide details below: | Yes | No |
|  |  |
| Trust Fund | | Amount received £ |
|  | |  |
|  | |  |
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**D: DECLARATION**

I certify that the information given in this application is correct. If the information changes in any way I will inform the Trust.

I give permission for the Trust to record the information in this form electronically and to contact me by telephone, e-mail or mail as required with information about the Trust’s activities and funding opportunities.

I agree to abide by the conditions outlined in the Guidelines for Applicants.

**Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| If you are signing this form on behalf of the applicant, please advise your name, contact details, relationship to the applicant and whether or not you hold a Power of Attorney. |
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| Please provide the name and contact details of a referee should we feel the need to approach one. We would not do this without telling you first. |
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