



# BIDEFORD BRIDGE TRUST

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REGISTERED CHARITY NO.204536

**First Floor Offices  
4 Bridgeland Street  
Bideford  
Devon  
EX39 2PS  
01237 871888**

## APPLICATION FOR GRANT **CONFIDENTIAL**

### **IMPORTANT**

- (a) All information given will be treated as CONFIDENTIAL. Please answer fully to enable the claims to be fairly assessed.
- (b) Outstanding debts will not normally be considered unless efforts have been made to negotiate a reduced full and final settlement.
- (c) Applicants should obtain an independent responsible sponsor or referee to countersign this application.
- (d) Applicants or their sponsors MUST check that assistance or benefit is unavailable from the Department of Social Security or from other public funds.
- (e) Please note it is the Trust's policy not to purchase or assist in the purchase of computers for personal use for any reason.

1. APPLICANT'S FULL NAME .....
2. AGE :.....
3. ADDRESS:.....  
.....  
.....
4. CONTACT NUMBER:.....
5. EMAIL:.....
6. COUNCIL TENANCY/PRIVATE RENTED ACCOMMODATION/OWN HOUSE  
(delete as appropriate)
7. HOW LONG RESIDENT IN BIDEFORD  
(OR IMMEDIATE NEIGHBOURHOOD):.....
8. NAME OF SPOUSE.....
9. ADDRESS OF SPOUSE OR PARTNER, IF DIFFERENT FROM ABOVE: .....  
.....
10. NUMBER AND AGE OF DEPENDENT CHILDREN:.....  
.....  
.....
11. DETAILS OF ANY OTHER PREVIOUS APPLICATIONS TO THE TRUST:.....  
.....  
.....

12. DETAILS OF ANY OTHER ORGANISATION APPROACHED IN RESPECT OF MATTERS THE SUBJECT OF THIS APPLICATION (AND THE RESULT IF KNOWN):

.....

13. FOR WHAT PURPOSE IS THE GRANT SOUGHT?.....

.....

14. AMOUNT APPLIED FOR (PLEASE ITEMISE): .....

.....

.....

15. REASON(S) FOR APPLICATION: .....

.....

.....

16. IF THIS APPLICATION IS GRANTED, IT IS THE TRUST'S POLICY NOT TO MAKE CHEQUES PAYABLE TO THE APPLICANT BUT TO A THIRD PARTY. TO WHOM WOULD THE CHEQUES BE MADE PAYABLE, I.E. THE SUPPLIER OF SUCH GOODS OR SERVICES REQUESTED?

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**I CONFIRM THAT THE FINANCIAL INFORMATION ATTACHED IS CORRECT, AND I HAVE SIGNED THE DATA PROTECTION FORM ATTACHED.**

SIGNATURE OF APPLICANT:.....

DATE:.....

**DETAILS OF SPONSOR:**

NAME: .....

ADDRESS: .....

.....

TEL NO:..... SIGNATURE: .....

STATUS OR QUALIFICATION OF SPONSOR: .....

SUPPORTING COMMENTS OF SPONSOR: .....

.....

.....

**NOTE TO APPLICANT:**

It will assist the Trustees when considering this application if the Sponsor is suitably qualified by reason of their understanding of the nature of the application or failing that otherwise by reason of independent social standing.

## STATEMENT OF PERSONAL INCOME

### MONTHLY INCOME

Regular employment or trade:

Applicant ..... £ \_\_\_\_\_

Spouse/Partner..... £ \_\_\_\_\_

Other sources (eg interest on investments etc) £ \_\_\_\_\_

Occupational pensions – please detail

(i) ..... £ \_\_\_\_\_

(ii) ..... £ \_\_\_\_\_

Department of Social Security payments:  
(detail all income and benefits received)

(i) ..... £ \_\_\_\_\_

(ii) ..... £ \_\_\_\_\_

(iii) ..... £ \_\_\_\_\_

(iv) ..... £ \_\_\_\_\_

(v) ..... £ \_\_\_\_\_

Any other income (please detail)

..... £ \_\_\_\_\_

..... £ \_\_\_\_\_

..... £ \_\_\_\_\_

**TOTAL MONTHLY INCOME TO HOUSEHOLD** £ \_\_\_\_\_

### CAPITAL (investments or money on deposit)

(i)..... £ \_\_\_\_\_

(ii)..... £ \_\_\_\_\_

(iii)..... £ \_\_\_\_\_

**TOTAL CAPITAL** £ \_\_\_\_\_

## STATEMENT OF PERSONAL EXPENDITURE

(main commitments should be shown in detail)

### MONTHLY EXPENDITURE

Mortgages:

Total outstanding: £..... £\_\_\_\_\_

Bank overdraft:

Total outstanding: £..... £\_\_\_\_\_

Other outstanding debts: (please detail)

(i)..... £\_\_\_\_\_

(ii)..... £\_\_\_\_\_

(iii)..... £\_\_\_\_\_

(iv)..... £\_\_\_\_\_

Insurances:

(i) Life ..... £\_\_\_\_\_

(ii) House ..... £\_\_\_\_\_

(ii) Furniture/Effects ..... £\_\_\_\_\_

Hire Purchase commitments:

Total £ ..... £\_\_\_\_\_

Council Tax ..... £\_\_\_\_\_

Rent ..... £\_\_\_\_\_

Food and Housekeeping ..... £\_\_\_\_\_

Other regular personal & household commitments:

(eg gas, electricity, water) £\_\_\_\_\_

**TOTAL MONTHLY HOUSEHOLD EXPENDITURE** £\_\_\_\_\_

## **GENERAL DATA PROTECTION REGULATION**

I understand that the Trust needs to retain the information that I have supplied in order to be able to demonstrate compliance with the Trust's Scheme to the Charity Commission and to satisfy the Trust's auditors that the monies entrusted to the Trustees have been properly spent. Both these requirements are legal obligations.

Subject to these obligations, the Trust does not disclose any information supplied by you to any other third party.

I understand and accept the basis upon which my information is supplied to the Trust.

**Signed**.....

**Dated**.....