

**Office use**

Reference number:

Date Received:

Grant meeting date:

# BENSTED'S CHARITY

## Grant Application Form for Individuals

The objects of the Charity are:

The relief of need of the residents of the area of benefit.\* Specifically,

- a. The relief of distress and sickness.
- b. The provision of support for social welfare or facilities for recreations or other leisure time activities.
- c. The provision and support of education.
- d. Any other charitable purpose for the benefit of the residents of the benefit area.

Both individuals and organisations may apply for a grant. To qualify the applicant has to primarily meet the requirement that any funds awarded will bring benefit to a local resident(s).

\*Parishes of Boughton under Blean, Doddington, Dunkirk, Eastling, Faversham, Graveney & Goodnestone, Hernhill, Luddenham, Lynsted with Kingsdown, Newnham, Norton Buckland & Stone, Oare, Ospringe, Selling, Sheldwich Badlesmere & Leaveland, Stalisfield, Teynham, Throwley.

|   |                  |
|---|------------------|
| <b>Beneficiary Name:</b>                                    |                  |
| <b>Age:</b>   |                  |
| <b>Address:</b>   |                  |
|   | <b>Postcode:</b> |
| <b>Telephone:</b>   |                  |
| <b>Email:</b>   |                  |
| <b>Contact Name:</b><br><small>(If not beneficiary)</small> |                  |
| <b>Address:</b> <small>(If different from above)</small>    |                  |
| <b>Telephone:</b> <small>(If different from above)</small>  |                  |
| <b>How did you hear about us?</b>                           |                  |

**Note:** We will use email to correspond with you on the status of the application. If an email address is not provided, will write to the postal address given.

**Please give us a brief description of circumstances and the item/project you are requesting funds for\*** (Please continue on a separate sheet if required):

.\*If you would like to provide additional information, please attach a covering letter or supporting documents to your email / posted form.

**What outcomes (practical results, changes and/or improvements) do you hope to achieve with this funding?**

|   |        |
|---|--------|
| What is the total cost required?  |        |
| How much are you requesting from us?                                    |        |
| When do you need the funding ?  |        |
| Are you applying to any other organisation?                             | Yes/No |
| If yes, please provide brief details including amounts already awarded: |        |

**SUPPLEMENTARY INFORMATION**

|   |  |                                    |               |
|---|--|------------------------------------|---------------|
| <b>How many people in your Household?</b> |  | <b>Do you have any dependents?</b> | <b>Yes/No</b> |
| <b>If Yes please state their ages?</b>    |  |                                    |               |

**Details of Income and Capital** Please include all income from jobs, benefits, allowances and investments, etc. (Continue on a separate sheet if necessary.)

| Type of Income   | Weekly/Monthly |         |
|--|----------------|---------|
|  | Applicant      | Partner |
| Wages/Salary   |                |         |
| State Retirement Pension                               |                |         |
| Occupational Pension                                   |                |         |
| War Widow's/Widower's Pension                          |                |         |
| Universal Credit                                       |                |         |
| Jobseeker's Allowance                                  |                |         |
| Income Support   |                |         |
| Employment and Support Allowance                       |                |         |
| Maintenance Payments                                   |                |         |
| Tax Credits (working and child – including disability) |                |         |
| Pension Credit   |                |         |
| Child Benefit  |                |         |
| Housing Benefit  |                |         |
| Council Tax Support                                    |                |         |
| Statutory Sick Pay/Maternity Pay                       |                |         |
| Disability Living Allowance                            |                |         |
| Attendance Allowance                                   |                |         |
| Kinship Care Allowance                                 |                |         |
| Carer's Allowance                                      |                |         |
| Guardian and Fostering Allowances                      |                |         |
| Industrial Injuries Benefit                            |                |         |
| Bereavement Support Benefit                            |                |         |
| Any Other Income                                       |                |         |
| Income from Investments                                |                |         |
|  |                |         |
| <b>Savings</b>   |                |         |

**Details of your weekly/monthly outgoings**

|                            |  |
|----------------------------|--|
| Rent or Mortgage           |  |
| Council Tax                |  |
| Water Rates                |  |
| Insurance                  |  |
| Gas                        |  |
| Electricity                |  |
| TV Licence                 |  |
| Telephone                  |  |
| Car Expenses               |  |
| Loan Repayments            |  |
| Credit Card Repayments     |  |
| Any Other Regular Payments |  |
| <b>TOTAL OUTGOINGS</b>     |  |

|  |
|--|
| <b>Please attach a copy of the following with your application:</b>  |
| • <b>Details of the project</b>                                      |
| • <b>Estimates/quotations etc</b>                                    |
| • <b>Copies of invoices/proof of purchase etc</b>                    |
| • <b>Any other documentation which will support your application</b> |

**DECLARATION BY APPLICANT**

**I confirm that the information I have provided is correct to the best of my knowledge and, if this application is successful, I will ensure that the funds granted will be used for the purpose for which they were awarded. False information may result in the grant being withdrawn and any payments needing to be returned.**

**Name** (caps).....

**Signature** .....      **Date**.....

**Please return this application to:**  
**Mrs Sue Bayford, Clerk to the Trustees, Bensted’s Charity c/o The Alexander Centre,**  
**15-17 Preston Street, Faversham, ME13 8NZ**  
**Telephone: 01795 859704    E-mail: [office@benstedscharity.org.uk](mailto:office@benstedscharity.org.uk)**

**Please contact us if you have any queries or would like help with your application.**

**Please see Bensted’s Charity website ([www.benstedscharity.org.uk](http://www.benstedscharity.org.uk)) for our Privacy Statement.**

**By submitting this application form you are agreeing to the Charity processing your data in accordance with that policy.**