

IMPORTANT !

This form must be printed on your printer and filled in by hand.

The Ernest and Marjorie Fudge Trust for Warminster

Registered Charity C.I.O. No. 1168096

Application Instruction Sheet

To help applicants provide the required information when completing the application form & to enable the Trustees to make an informed decision, please read the following guidelines.

All Applications

Please ensure written quotations are obtained for whatever item or service you are requesting.

The quotations should be made out to you or your organisation

(Trustees do appreciate applicants using local businesses if at all possible).

Please ensure the correct postage is used otherwise your application may not be received by us.

Should your application be approved, the Trust's policy is to pay the supplier not the individual.

- Please give as much detailed information as possible.
- What would the benefits be should your application be successful.
- What can you not do now that you would like to do.
- What prevents you doing what you want to do.
- How will the Trust's grant help you do it.

Individual Applications:

- Consider your basic needs
- How much / how often would you use the item/equipment?
- What difference would it make / what benefit would it be to you?
- Do you own or have the same or a similar product at the present time?
- Is it possible for you to pay for, or contribute to, the cost of the product?
- Do you have disabilities which have created a situation which makes it necessary to have this product?
- How do these disabilities prevent you from doing certain things? If so, please explain in as much detail as possible. Failure to do so may mean that your application is not approved. (Please be assured that this kind of information will only be discussed by the trustees as they try to decide on your application). (to view our Privacy Policy please go online and visit <https://www.fudgetrust.co.uk/DocumentRetentionPolicy.pdf>)

Churches, Charities, Sporting or Voluntary Groups

- Have all avenues of financial assistance/grants been explored?
- How much fundraising has been undertaken?
- Do any of your volunteers have skills to do any of the work required in an effort to keep costs to a minimum?
- What age groups would benefit?
- How many residents within the BA12 area would benefit?

Part (2) The Application Form

Application for Funding (form version 4th March 2026)

Please fully complete the form on the next page, there is no need to send a covering letter. Please do send at least 2 quotations from different suppliers (local suppliers if possible) & be sure that those suppliers will accept a cheque from The Fudge Trust as payment, i.e. credit card payment is not possible.

Print this form on your printer (set your printer to portrait mode before printing), then fill in the details by hand and sign the form and obtain a Counter-Signature (see below). We require the Original printed application form plus 7 copies and 8 copies of each quotation.

Date: Mr/Mrs/Miss/Ms: Date of Birth (if applicable)

Details of the person or body for whom funding is needed

Full Name in Capital letters:

Full address - must be Warminster or its villages (BA12 area; not e.g. Westbury, Frome etc):

Post code: Phone: email:

Disability (if any):

Purpose for which funding needed (enter details below):

*** Please provide Supplier's Bank details below, to enable payment by Bank Transfer:**

* Amount of funding needed:

* Account Name:

* Sort Code:

* Account Number:

Please tick the appropriate box.

I am applying on behalf of a Registered Charity

Have no resources or prospect of funding

If you have prospects from other sources then please enter those sources & amounts including your own in box below.

Your Signature : **Print Your Name**

Enclose quotations & post to: The Clerk, 12 Rock Lane, Warminster, Wilts, BA12 9JZ

Applications are very welcome but need to be countersigned by a person of professional standing (such as a Social Worker, Minister of Religion, Solicitor, Accountant) who is independent of the applicant and has knowledge of the applicants circumstances

Details of person counter-signing this application:(Capital letters please)

Name

Email

Address

Postcode Phone

Occupation

I confirm to the best of my knowledge that the information given on this form is accurate and complete and that the applicants circumstances merit a grant from the Trust.

Counter Signature

Print Your Name

Date:

