

**BMAD APPLICATION
FOR CHARITABLE FUNDING**



Thank you for contacting BMAD in regard to requesting funding. In order for us to help you further and make a decision, please could you complete the following form **(Please read and complete both pages before returning):**

| | | |
|--|--|--|
| Name of Parent/Guardian | | |
| Name of child | | |
| Date of Birth of child | | |
| Address | | |
| Postcode | | |
| Contact Number | | |
| Email | | |
| Name of person filling out this form | | |
| Email | | |
| Relationship with applicant | | |
| Date form completed | | |
| Reason for claim: | | |
| | | |
| Cost of claim: | | |
| How will this funding help? | | |
| | | |
| Have you applied anywhere else for funding, and if so, what was the outcome? | | |
| | | |
| Have you applied to BMAD before and if so, please provide details? | | |
| | | |
| Please list any supporting documents you have included with your application, e.g. Occupational Health Letter, Doctors Letter, etc. | | |
| | | |
| Are you able to pay toward some of the cost, and if so, how much? | | |
| | | |
| Will another company, charity or local council also be donating (match-funding)? Please provide details. | | |
| | | |
| Would you be ok with a follow up call/visit? Phone call? Yes/No Home visit? Yes/No | | |

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Privacy Permissions:

For further information regarding our Data Protection and Privacy Policies, please access our website on www.bmad.co.uk or contact admin@bmad.co.uk or charities@bmad.co.uk

Name of child: _____ Age: _____

Parent/Guardian's name _____ Date: _____

Funding Application for: _____

Do you give permission for the following?

1. A photograph to be taken of the young person who is receiving funding to share on Social Media?
YES NO
2. A photograph to be taken of the young person who is receiving funding to share on our website?
YES NO
3. A photograph to be taken of the young person who is receiving funding to share on in the local media? YES NO
4. A photograph to be taken of the young person who is receiving funding to share at BMAD Presentations? YES NO
5. Will you provide permission for the young person's name to be included in all the above?
YES NO
6. A photograph to be taken of yourself with the young child to share on all the above?
YES NO
7. Do agree to relevant third-party person's/companies receiving information to process this application if you are successful?
YES NO

No images or details will be shared with a third-party without prior consent – any concerns or specific requests, please comment below:

Signed: _____ **Please tick if digital signature:**

Please note: BMAD (Bikers Make A Difference) do not fund the following requests:

- Purchasing of ipads/laptops for schools, or where schools should be supporting their pupils.
- Home improvements, i.e. building works.
- Crowd funding donations, and any similar requests.
- Requests outside of the TQ area (although local areas on the boarder of the TQ postcode maybe considered).
- Monies to set up a charity or business.
- Wages for employees.

Attached to this application is a tick sheet to check you have fully completed the application before returning via email/post. If you need a postal address, please contact us and we will pass it on. There is also the application funding process attached so you know where you are in the application process.

Thank you once again for your application and we wish you the very best of luck, from us all at the BMAD team.

Before returning this form, please check you have done the following:

- Filled in the above application form fully:
- Included documents to support your request for funding:

Please do not send EHCP's or sensitive information, a letter/email from a professional working with you is acceptable, or the they can fill in the application for you.

- Provide a quote/invoice for what you are requesting, otherwise we cannot process your application:

BMAD Funding Process

