**APPLICATION FOR GRANT**

**1. Organisation contact details**

|  |  |
| --- | --- |
| Name of Organisation: |  |
| Postal Address: |  |
| Street Address: |  |

**2. Contact person**

|  |  |
| --- | --- |
| Name: |  |
| Title of contact person: |  |
| Phone number: |  |
| Phone number (Business): |  |
| Email: |  |

**3. Briefly describe the aims of your organisation:**

**4. Organisation details**

|  |  |
| --- | --- |
| When was your organisation formed? |  |

|  |  |
| --- | --- |
| Total members/roll of your organisation: |  |

|  |  |
| --- | --- |
| How many people did you help last year? |  |

Is your organisation incorporated:? Yes □ / No □

Is your organisation registered for GST? Yes □ / No □

Does your organisation have a letter from IRD approving exemption   
from income tax? (*This is not a Resident Withholding Tax Certificate – IR15C*) Yes □ / No □

**5. Details & cost of project**

please use this section for a description of project you are most welcome to include other documents to support this summary:

|  |  |
| --- | --- |
| What is the total cost of the project? | $ |

|  |  |
| --- | --- |
| **6. How many people do you expect to benefit from this project:** |  |

**7. Which age group, socio-economic group, gender, and cultural group do you expect to benefit from this project?**

**8. What is your time line for this project?**

**9. Funds raised to date for this project:**

|  |  |  |
| --- | --- | --- |
| Amount available from own funds: | $ |  |
| Detail amounts raised from other sources: |  |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **Total Raised** | $ |  |

**10. Funds still to be raised to date for this project:**

|  |  |  |
| --- | --- | --- |
| Source: |  | Amount |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **Total to be Raised** | $ |  |

|  |  |
| --- | --- |
| **11. How much to you seek from the Hawkes Bay Children’s Holding Trust?** |  |

**12. In the event of this application being successful, how do you envision providing some accountability to the Hawkes Bay Children’s Holding Trust for this project:**

**13. Details of Financial Position:**

**PLEASE ENSURE THAT YOU ENCLOSE COPIES OF YOUR MOST RECENT ANNUAL FINANCIAL STATEMENTS, THESE MUST BE CERTIFIIED BY THE CHAIRPERSON AND SECRETARY OR**

**TREASURER AS HAVING BEEN FORMALLY ADOPTED BY THE ORGANISATION.**

Enclosed:

1. Latest audited financial statements
2. Latest Chairpersons Report
3. Budget for proposed project or activity
4. Constitution (first application only)

|  |  |
| --- | --- |
| Signed on behalf of the applicant *(please print name)* |  |
| Signed: |  |
| Position: |  |
| Date: |  |

*NB: Please add additional information on a supplementary sheet and attach with this application*

**Applications to be mailed to:**

**Hawkes Bay Children’s Holding Trust**

C/- P O Box 146

HASTINGS 4156

***PRIVACY ACT 1993 DISLOSURE***

*This statement relates to information that is now being provided to the Trustees of the Hawkes Bay Children’s Holding Trust or information, which the Trust may already hold now or, at any time in the future. You have the right to see all information about your organization held by the Trust. If the information held is wrong, you have the right to have it corrected. The information supplied in this application is confidential. It may be used by the Trust primarily to further the relationship between the organization and the Trust.*

*I consent to the Hawkes Bay Children’s Holdings Trust disclosing that it has provided support to my organisation (no full details to be disclosed without specific authority).*

***DECLARATION***

*I have read the privacy Act 1993 disclosure as set out above. The details included in this application form are true and correct for the purposes of applying for funds from the Hawkes Bay Children’s Holding Trust*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

**Purpose**

The Hawkes Bay Children’s Holding Trust has been established to assist children and youth in Hawkes Bay, encompassing a broad focus of local needs.

**Notes to assist applicants:**

Applicants Must:

* Complete the prescribed application form – application forms not completed correctly will not be considered.
* Outline the specific project or activity
* Provide a copy of the last set of audited accounts
* Provide a budget for proposed project or activity
* Specify a timeframe in which the grant will be applied
* In the case of first application the Trust requires you to provide a copy of the
* The Trustees reserve the right to request a meeting with the applicants
* All applicants will be informed of the Trustees decision
* No material supplied by applicants will be returned to them
* The Trustees decision is final and no communication will be entered into