

Application form

SECTION 1 ORGANISATION

SECTION 2 PROJECT

SECTION 3 FINANCIAL INFORMATION

SECTION 4 ATTACHMENTS/DECLARATION

ORGANISATION

Fields marked with an asterisk() are mandatory*

What is the Registered or Full Name of your Organisation?*

We need to record the full legal name of your organisation. Please ensure it's the same one used on your bank accounts and trust deed or constitution. If it's different, let us know.

ORGANISATION ADDRESS

We rely on this information to keep you updated on the progress of your application and to make contact with your organisation throughout the year.

Postal address

Address

Suburb

City

Postcode

Website

Physical address

Same as postal address ☐

Address

Suburb

City

Postcode

Email

Application form

SECTION 1 ORGANISATION

SECTION 2 PROJECT

SECTION 3 FINANCIAL INFORMATION

SECTION 4 ATTACHMENTS/DECLARATION

ORGANISATION PEOPLE

Name and contact

Please include: Contact person, Chair, Secretary and Treasurer.

Primary Contact

If our staff have a query about your application, we need to be able to contact a representative quickly. It's best if this person can be available by phone during the day and knows about the current application and project you are applying for.

Mr / Mrs / Ms / Miss / Other	First name	Last name
<hr/>		
Email		
<hr/>		
Daytime phone		
Area code	Number	
<hr/>		
Evening phone		
Area code	Number	
<hr/>		
Position		
Title		

Other Contacts - Officers

Who is your organisation's chairperson, secretary and treasurer? Please provide information for these 3 current officers.

Mr / Mrs / Ms / Miss / Other	First name	Last name
<hr/>		
Email		
<hr/>		
Daytime phone		
Area code	Number	
<hr/>		
Evening phone		
Area code	Number	
<hr/>		
Position		
Title		

Application form

SECTION 1 ORGANISATION

SECTION 2 PROJECT

SECTION 3 FINANCIAL INFORMATION

SECTION 4 ATTACHMENTS/DECLARATION

ORGANISATION PEOPLE - CONTINUED

Name and contact

Mr / Mrs / Ms / Miss / Other	First name	Last name
<hr/>		
Email		
<hr/>		
Daytime phone		
Area code	Number	
<hr/>		
Evening phone		
Area code	Number	
<hr/>		
Position		
Title		
<hr/>		

Mr / Mrs / Ms / Miss / Other	First name	Last name
<hr/>		
Email		
<hr/>		
Daytime phone		
Area code	Number	
<hr/>		
Evening phone		
Area code	Number	
<hr/>		
Position		
Title		
<hr/>		

Application form

SECTION 1 ORGANISATION

SECTION 2 PROJECT

SECTION 3 FINANCIAL INFORMATION

SECTION 4 ATTACHMENTS/DECLARATION

ORGANISATION DETAILS

When was your organisation formed?*

We'd like to know how long you have been operating. If the date is unknown, please provide an estimate.

Are you affiliated to a national organisation?

☐ Yes ☐ No

If you are affiliated to a national organisation, what is the name of the organisation?

Some organisations are affiliated with another organisation and may, for example, pay affiliation fees.

What is the main district in which you operate?*

- | | | |
|---|---|---|
| <input type="checkbox"/> Carterton | <input type="checkbox"/> Central Hawke's Bay | <input type="checkbox"/> Dannevirke / Woodville |
| <input type="checkbox"/> East Coast | <input type="checkbox"/> Gisborne | <input type="checkbox"/> Hastings |
| <input type="checkbox"/> Horowhenua | <input type="checkbox"/> Manawatu | <input type="checkbox"/> Masterton |
| <input type="checkbox"/> Napier | <input type="checkbox"/> Pahiatua / Eketahuna | <input type="checkbox"/> Palmerston North |
| <input type="checkbox"/> Regional | <input type="checkbox"/> South Wairarapa | <input type="checkbox"/> Wairoa |
| <input type="checkbox"/> Outside region | <input type="checkbox"/> Other (Please Specify) _____ | |

Briefly describe the aims of your organisation*

We need a succinct description of your organisation's reasons for operating and what you strive to achieve. Your mission and vision are good statements to use here.

When was your last AGM held?*

Which funding sector best describes your project?

- | | | |
|---|--|---|
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Community Facilities | <input type="checkbox"/> Community Wellbeing |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Health | <input type="checkbox"/> Early Childhood Education |
| <input type="checkbox"/> Heritage | <input type="checkbox"/> Kura Kaupapa / Area Schools | <input type="checkbox"/> Primary / Intermediate Schools |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Secondary Schools | <input type="checkbox"/> Sport - Adult |
| <input type="checkbox"/> Sport-Youth | <input type="checkbox"/> Youth | <input type="checkbox"/> Tertiary / Community Education |

What is your legal status?*

Most groups we fund have a legal status such as charitable trust or incorporated society. However, we fund small amounts for groups who don't have a legal status.

- | | | |
|--|---|--|
| <input type="checkbox"/> Not a legal entity | <input type="checkbox"/> Company | <input type="checkbox"/> Local Authority |
| <input type="checkbox"/> Incorporated Society | <input type="checkbox"/> Charitable Trust | <input type="checkbox"/> School |
| <input type="checkbox"/> Church | <input type="checkbox"/> Statutory Body | <input type="checkbox"/> Organisation Branch |
| <input type="checkbox"/> Marae | <input type="checkbox"/> Unincorporated | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Tertiary Organisation | <input type="checkbox"/> Other (Please Specify) _____ | |

Application form

SECTION 1 ORGANISATION

SECTION 2 PROJECT

SECTION 3 FINANCIAL INFORMATION

SECTION 4 ATTACHMENTS/DECLARATION

ORGANISATION DETAILS - CONTINUED

If your organisation is on the Charities Register, please advise the registration number.

If your organisation is incorporated, what is your number?

What is your tax status?*

Please select the category that best describes your tax status.

- | | | |
|---|--|---|
| <input type="checkbox"/> Taxable | <input type="checkbox"/> Tax-exempt (charity) | <input type="checkbox"/> Tax-exempt (amateur sport) |
| <input type="checkbox"/> Non Tax-exempt | <input type="checkbox"/> Tax-exempt (district improvement) | |

Are you registered for GST?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

FUNDING SECTOR - EDUCATION

If your Funding Sector is a School Type or Early Childhood Education, then please complete the following Education related fields (a,b,c & d)

(a) Education category

- | | | |
|---|--|--|
| <input type="checkbox"/> Early Childhood <20 | <input type="checkbox"/> Early Childhood 20-39 | <input type="checkbox"/> Early Childhood 40-59 |
| <input type="checkbox"/> Early Childhood >60 | <input type="checkbox"/> Intermediate <100 | <input type="checkbox"/> Intermediate 100-249 |
| <input type="checkbox"/> Intermediate 250-399 | <input type="checkbox"/> Intermediate >400 | <input type="checkbox"/> Primary <100 |
| <input type="checkbox"/> Primary 100-249 | <input type="checkbox"/> Primary 250-399 | <input type="checkbox"/> Primary >400 |
| <input type="checkbox"/> Secondary <400 | <input type="checkbox"/> Secondary 401-749 | <input type="checkbox"/> Secondary >750 |
| <input type="checkbox"/> Other (Please specify) _____ | | |

(b) Number of pupils

(c) School decile

(d) Date of last ERO report

FUNDING SECTOR - APPLICANTS FROM ALL SECTORS TO COMPLETE

How many full time equivalent people are working for your organisation?*

How many volunteers are working for your organisation?*

How many people did you help last year?*

From this question we can see how many people your organisation helps. This could include:

- number of people you work with each year
- number of pupils attending your school, kohanga reo or playgroup
- audience or public.

What is the total membership of your organisation?

Application form

SECTION 1
ORGANISATION

SECTION 2
PROJECT

SECTION 3
FINANCIAL INFORMATION

SECTION 4
ATTACHMENTS/DECLARATION

PROJECT DESCRIPTION

Please provide a name for your project.*

Briefly describe what you want the donation for.*

Why should the Trust support this project and how will your group / community benefit from this project?*

When will your project start?

If applicable, let us know when your project starts and ends. We prefer to donate to things that will happen within the next twelve months.

We cannot donate to projects completed before the donation is made.

When will your project be finished?

How did you hear about us?*

- | | | |
|--|---|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Radio | <input type="checkbox"/> TV |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other Media | <input type="checkbox"/> Letter or Mailout |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Library | <input type="checkbox"/> School |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Funding Workshop | <input type="checkbox"/> Sports Organisation (RSO / NSO) |
| <input type="checkbox"/> Another Applicant | <input type="checkbox"/> Other (Please Specify) | |

Would you like to receive our Newsletter?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Application form

SECTION 1
ORGANISATION

SECTION 2
PROJECT

SECTION 3
FINANCIAL INFORMATION

SECTION 4
ATTACHMENTS/DECLARATION

COSTS

If you are registered for GST, do not include GST in these amounts. If you are not registered, please provide the amounts including GST.

Cost Items

Total Amount - this is the total cost of the project.

Other Funding - this is the amount of other funding you have raised, including your own funds, and any other funding you are intending to raise.

Total Amount (\$)	Other Funding (\$)	Requested (\$)
\$	\$	\$

GST is included ☐ or excluded ☐

FUNDING SOURCE

Show us how you plan to fund the project (e.g. fundraising, Lottery Grants Board etc). Indicate whether this funding is confirmed.

Please provide details of the funds from your organisation and other funders for this project. We need to see a brief outline of how you plan to fund your project, programme or service. It's rare for us to fund whole projects, so think about where else you will access funds. Will your organisation be contributing some of its own funds?

Name of Other Funder	Confirmed Y/N	Decision Date	Amount (\$)
Total costs			\$

How will you manage any shortfall?

Tick if you have a preferred quote for your project.* ☐

Please attach a copy of the quote at the end of this form.

Application form

SECTION 1
ORGANISATION

SECTION 2
PROJECT

SECTION 3
FINANCIAL INFORMATION

SECTION 4
ATTACHMENTS/DECLARATION

FINANCIAL DETAILS OF YOUR ORGANISATION AS A WHOLE

Tick the box if you have attached your annual accounts for the most recent financial year at the end of this form.* ☐

If you are not attaching your accounts, please explain why.

Our annual accounts have been prepared by:

- | | |
|---|--|
| <input type="checkbox"/> Prepared by Organisation _____ | <input type="checkbox"/> Prepared by Accountants _____ |
| <input type="checkbox"/> Prepared by Other _____ | <input type="checkbox"/> Reviewed by Suitably Qualified Person _____ |
| <input type="checkbox"/> Audited by Suitably Qualified Person _____ | <input type="checkbox"/> Audited by Chartered Accountants _____ |

Tick the box if you anticipate any material change in your organisation's financial circumstances in the next 12 months?* ☐

If you anticipate changes, please tell us about them

Sometimes organisations go through periods of change that affect their financial circumstances. Tell us about anything significant for your organisation.

Tagged Funds

Some organisations are saving for an expensive item or capital project. Let us know if you have funds for such a purpose and how they relate to your normal operating costs. The Trust accepts that holding some reserves is a sensible strategy.

If any of your funds are tagged for specific purposes, please explain:

Description	Amount (\$)
Total Tagged Funds	\$

Application form

SECTION 1 ORGANISATION

SECTION 2 PROJECT

SECTION 3 FINANCIAL INFORMATION

SECTION 4 ATTACHMENTS/DECLARATION

DECLARATION

- This authorisation relates to information in this application that Eastern and Central Community Trust may hold about us now or in the future.
- I hereby declare that I am authorised to submit this application and that any donation received will be used for the project for which it was approved.
- I authorise Eastern and Central Community Trust to use this information for the purposes of administration of this application.
- I authorise Eastern and Central Community Trust to seek such information as they may require to complete the consideration of this application.
- I declare that the information provided is correct and true to the best of my knowledge.
- I declare that the included annual accounts were presented at our most recent Annual General Meeting.
- I declare that this organisation will complete all documentation required by the Trust in relation to this application.
- I declare that this organisation will comply with any laws and regulations relating to a donation for this project.
- I acknowledge that any decision made by Eastern and Central Community Trust is final and that no reasons for such decision will be given nor will any correspondence be entered into.

I agree with the declaration stated above, for and on behalf of the Organisation* Yes ☐

Your Name*

Position in Organisation*

Signature*

ATTACHMENTS

Please include the following documents with your application (if applicable).

It is important that any information which may have a bearing on the application is fully disclosed. Read the application and declaration carefully and ensure it is completed by someone in your organisation who has the authority to do so.

- ☐ Annual accounts including notes; and review/audit report if applicable
- ☐ Relevant quote/s
- ☐ Confirmation of other funds raised
- ☐ Income Tax exemption letter from IRD
- ☐ Rules or Constitution
- ☐ Income and expenditure statement for a part year

If you have been operating for less than twelve months you must attach an income and expenditure statement for the period and a copy of your inaugural minutes.

- ☐ Inaugural minutes
- ☐ Pre-coded bank deposit slip or a bank verified document
- ☐ Written resolution approving the submission of this application, signed by two office bearers

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

Eastern and Central Community Trust

P O Box 1058

Hastings 4156

1st Floor, Westerman's Building

102 - 104 Russell Street South

Hastings 4122

enquiry@ecct.org.nz

