**Northland Grassroots Giving Fund Preliminary Assessment Form**

***Funding Applications in The Tindall Foundation Supporting Families and Social Services Programme Area***

This form is designed to assess whether to invite your organisation to submit a more detailed application. The information you provide will assist us to determine the nature of your project and how closely it fits with criteria, budgets and priorities.

***Because URGENT or retrospective applications are not considered we recommend that you submit your request at least 4 months prior to requiring the funding. Funds will be released in October this year.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Organisation:** |  | | | | **Date:** |  |
| **Legal Status:** |  | **Charities Commission Registration #** | | | |  |
| **Postal Address:** |  | | | | | |
| **Contact Person:** |  | | **Position:** |  | | |
| **Phone:** |  | | **Fax:** |  | | |
| **Email:** |  | | **Website:** |  | | |
| **Initiative Name:** |  | | | | | |

## **Tell us about your organisation(max 150 words)**

***Describe briefly the initiative you are requesting a donation for (max 100 words)***

***Describe briefly the plans you have to put this initiative in place including what our donation will be spent on (max 100 words)***

***Describe briefly the people who will carry out the initiative, their relevant qualifications & experience (max 50 words)***

**For *this project* do you have: - defined outcomes and indicators of progress? **

**- other sources of funding? **

|  |  |
| --- | --- |
| ***Amount Requested:*** | **per annum for years** |

***Please do not send attachments or additional information with this form.***

*Please return this form to Northland Foundation –* [greta@northlandfoundation.org.nz](mailto:greta@northlandfoundation.org.nz)  *or   
PO Box 10011, Te Mai, Whangarei 0143*