Northland Grassroots Fund

**Full Application Form 2018**

Please read the notes below before completing the attached application form and providing the supporting information. It is important to keep supporting information as brief as possible. Main points with brief explanations are helpful in assessing your proposal whilst excessive documentation can slow the process.

***Organisation details***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Name of Organisation:*** |  | | |
| ***Legal Status:*** |  | | |
| ***Charities Commission Registration Number:*** |  | | |
| ***Postal Address:*** |  | | |
| ***Street Address:*** |  | | |
| ***Contact Person:*** |  | ***Position:*** |  |
| ***Landline:*** |  | ***Mobile*** |  |
| ***Email:*** |  | ***Website:*** |  |

|  |  |
| --- | --- |
| ***Initiative/Project Name:*** |  |
| ***Date:*** |  |
| ***Amount Requested (incl/excl GST):*** |  |

***Summary of Request***

**Describe in more detail the initiative your requested funding will be used for under the following headings**

1. **Tell us about your organisation**

|  |  |
| --- | --- |
| What is the purpose of your organisation? |  |
| How many paid staff do you have? |  |
| Number of paid hours per year? |  |
| How many volunteers do you have? |  |
| Number of volunteer hours per year? |  |
| How many people do you support through the work you do? (please provide statistics) |  |
| Is your workload increasing? |  |
| How do you track your increasing workload? |  |

1. **Tell us specifically what you want the donation for**

|  |  |
| --- | --- |
| Describe the initiative and what this funding will be used for specifically |  |
| Is this to carry on what you normally do or is this over and above your usual work? |  |
| Is this a Contract Top-up? |  |
| What will happen if we can’t give you a donation at this time? |  |

1. **How have you worked out the need for this initiative and who will it benefit?**

Please be specific about the number of people you can assist and support through your initiative.

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1. **What is your plan for making your initiative happen**?

Tell us about the additional staff, volunteers, resources etc. you will need to make your plan successful.

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1. **Who else will you work with on this initiative?**

Are you connected to other people, organisations and networks? Please be specific about how you plan to work together.

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1. **Give names, qualifications and experience of the key people who will implement this initiative**

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***Community Links***

Please indicate the organisations and networks with which you have regular contact and the links you have with the community you serve.

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## Defined Outcomes and Indicators of Progress

#### We understand you wish to carry out this initiative to make a difference. We are interested in how will measure this. Please specify up to five outcomes you aim to achieve with the initiative, and the measurable indicators you will use to track your progress.

#### We are interested in the numbers of people who will benefit, the impact you will have on your community, the increases in activity of your organisation to reach more people etc. Tell us how you will know if your initiative is successful.

#### If funding is approved, you will be asked to report upon achievement of these outcomes.

#### Be sure to think about these outcomes carefully, and ideally make them measurable. Initial approval of funding and subsequent monitoring of the effectiveness of your initiative will be based on what you state here. Other conditions may also apply.

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| --- | --- |
| **Outcomes Aimed For (difference to be made)** | **Indicators of Progress** |
| *E.g. “10% increase in people attending event”* | *E.g. “Number of people attending event”* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Sources of funding for this initiative

Please list all other funding for this initiative, including applied and/or confirmed, together with amounts for each.

|  |  |  |
| --- | --- | --- |
| **Source** | **Amount Applied For** | **Applied for (please state when you expect to hear a result)**  **or Confirmed?** |
|  | $ |  |
|  | $ |  |
|  | $ |  |

**Sustainability**

Please indicate (where relevant) how funding for this initiative will be sustained when our funding ceases.

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## Supporting information checklist

Your application **must** include the following supporting information: (If you don’t supply this information we will not be able to consider your application.)

Please tick each box to indicate that you have provided the information.

* Proof of legal status or Charities Commission Registration number
* IRD Tax Exemption Certificate or Charities Commission Registration number
* Budget **for this initiative** (income and expenditure), clearly showing where **this** funding will be used
* Two **current** written references
* List of current governing body officers’ names
* Copy of your latest annual accounts
* Bank deposit slip

##### *Applicant’s declaration*

* This application has the formal approval of our controlling Board/Committee/Authority
* To the best of our knowledge the information provided in this application is true and correct.
* It is acknowledged that any decision made by Trustees is final and we accept that no reasons for such a decision may be given, nor any correspondence entered into.
* We agree that any donation made will be used for the purposes specified in our application. In the event that we cannot comply with the conditions of the donations within the specified time, we will advise of the surrounding circumstances to enable a review of the donation to take place.
* We give authorisation for any enquiries to be made of any third parties, (even though that may involve disclosing information contained in the application) or undertake audits of our organisation in connection with this application.
* We acknowledge that this application and details of the Trustees’ decision may be shared with other funders and made publicly available.

***For and on behalf of***: This application needs to be signed by ***two authorised members*** of your organisation. Scanned documents are acceptable provided signatures are provided either in the scanned document or hard copy of the page with signatures is posted.

Organisation name:

1. Name (print): Signature:

Position: Date:

2. Name (print): Signature:

Position: Date:

*Please preferably save this form as a Word document and return via email to Northland Foundation –* [*info@northlandfoundation.org.nz*](mailto:info@northlandfoundation.org.nz)*. Also attach a pdf of the signed application form plus any additional documents required.*

*Alternatively, please mail to PO Box 10011, Te Mai, Whangarei 0143. Please note – if you are posting hard copy – please DO NOT staple any pages together.*