

Rehabilitation Welfare Trust Funding Application

Address: PO Box 497 Waikanae 5250 Phone: (04) 293 6922

PLEASE ENSURE THAT THIS FORM IS COMPLETED IN FULL. All applications will be acknowledged and applicants notified of outcomes.

Funding Criteria: (Tick if met)

Note: The following are a guideline to funding criteria, however the Trustees may use their discretion within the objectives of the Rehabilitation Welfare Trust Constitution when agreeing to make a grant.

- 1. Project makes a positive contribution to support the welfare of disabled persons or the rehabilitation of individuals.
- 2. Project encourages disabled persons to participate in sport, outdoor and / or recreational activities.
- 3. Applicant is a legally constituted community group or organisation, not an individual or individuals. (Note: individuals may apply under an appropriate umbrella organisation.)
- 4. Applicant group can provide evidence, if requested, of (or, if a new group, systems for): sound financial management, good employment practice (where applicable), clear and detailed planning, clear performance measures, demonstrated ability to report back on past funding as appropriate.
- 5. The Trust will require a receipt for any grant made and completion of our feedback form.

Organisation Name:

Postal Address (please include postal code):

Street Address if different from above:

Website URL (if you have one) :

Contact Name:

Telephone No/s:

Contact Role:

Email

Alternative contact:

Telephone No/s:

Role:

Email

GRANT AMOUNT APPLIED FOR: \$ _____

Is the organisation registered for GST: Yes/No
GST Number if Registered:

Bank Account Number: (bank) / (branch) / (account number) / (suffix)

Legal Status:

Trust Inc. Society Limited Company Other *

* if 'other' please nominate an umbrella organisation and include their letter of confirmation :

How long has your organisation been operating?

- : less than one year
- : between one and 5 years
- : greater than 5 years

Organisation Background : (Give a brief description of your organisation – What are your aims? What is the core service you provide? Approximately how many people use your service per week/month/year? How many paid staff and volunteers are there?).
Please attach further details if you wish to provide additional information to that below.

Project Description and Outcomes: (Outline the project / activity you are requesting funding for. What are the aims of the project? How many people will be involved? What is the project Start Date / Finish Date? Is this a new or ongoing project? What are the expected benefits of this project and how will this be measured?
Please attach further details if you wish to provide additional information to that below.

Project Budget – show all income and expenses related to the project (total project cost), the grant amount requested and include written quotes for budgeted costs where possible.

Financial Summary from latest Annual Accounts: Please attach a copy of your most recent audited accounts or financial statement or other evidence of your organisation's financial situation. Please briefly state how your services are normally funded, i.e. member subscriptions, central government, grants, sponsorships etc.

Summary for financial year ending: _____ or period from _____ to _____

Income:	\$	
Expenditure:	\$	
Surplus(deficit):	\$	
Current Funds in Hand:	\$	at _____

Indicate if any funds in hand are tagged for a specific purpose:

Declaration : *I declare that in making this application I am authorised to act on behalf of the organisation named above. I declare that the information supplied here and in the attached application information is correct, and consent to the information contained in our application being made available to the public. This consent is given in accordance with the Privacy Act 1993.*

Name: _____

Position in Organisation: _____

Signed: _____

Dated: _____