**Rehabilitation Welfare Trust Funding Application**

Address: C/o 11 Greenwood Place, Paraparaumu 5032 **Email:** rwt@rwt.org.nz

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

**Contact Name**: **Contact Role**:

Telephone No/s: Email

**Alternative contact**: **Role**:

Telephone No/s: Email

**Website URL** (if you have one) :

**Street Address** if different from above:

**Postal Address** (please include postal code):

**Organisation Name**:

**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 may be required to provide evidence of 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.

***Generic Grants Criteria:***

GRANT AMOUNT APPLIED FOR: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 additonal information to that below.*

**How long has your organisation been operating**?

* less than one year
* between one and 5 years
* greater than 5 years

**Legal Status**:

☐ Trust ☐Inc. Society ☐Limited Company ☐Other \*

 \* if ‘other’ please nominate an umbrella organisation and include their letter of confirmation :

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

**Is the organisation registered for GST**: Yes/No

GST Number if Registered:

**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.

**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.*

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: