



Grant Application Form

Before commencing with this application, please consider the following:-

- Please check you meet the criteria before submitting an application.
- If you have any queries in relation to completing this application form, please e-mail info@awaruatrust.org.nz.
- Once we receive your completed application form, you will receive an e-mail confirming the date which your application will be considered.
- The decision of the Trustees will be advised to you as soon as possible after the meeting date.
- If your application is approved, the Trustees may required you to display the Trust's logo as part of your completed project. You may also be asked to acknowledge the Trust's support by way of written communication to your organisation's members (i.e. newsletter or social media post).
- By continuing with this application, you indicate your acceptance of the notes listed above.
- Grant Applications are considered at each trust meeting, held every 2 months.

Name of organisation or applicant	NB: This is the name of the organisation or person who will use the funds if the application is accepted						
Physical address of organisation or applicant							
Postal address of organisation or applicant							
E-mail address of organisation or applicant							
What type of organisation is this application for? (please tick one)	Educational facility (i.e. school, kindergarten) Church Recreation/Sports Club Charity Individual Other (please provide details below)	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>					

<p>Please provide details of your organisation</p>	<p>NB: You are only required to answer this question if you answered “Other” to the previous question</p>					
<p>Is the organisation or the applicant GST registered? (please tick one)</p>	<table border="1" data-bbox="448 465 1315 539"> <tr> <td data-bbox="448 465 1086 501">Yes (please provide GST number below)</td> <td data-bbox="1086 465 1315 501"></td> </tr> <tr> <td data-bbox="448 501 1086 539">No</td> <td data-bbox="1086 501 1315 539"></td> </tr> </table>		Yes (please provide GST number below)		No	
Yes (please provide GST number below)						
No						
<p>What is the organisation’s or the applicant’s GST number?</p>	<p>NB: You are only required to answer this question if you answered “Yes” to the previous question</p>					
<p>Is your organisation registered with the Charities Service in New Zealand? (please tick one)</p>	<table border="1" data-bbox="448 869 1315 981"> <tr> <td data-bbox="448 869 1086 938">Yes (please provide charity registration number below)</td> <td data-bbox="1086 869 1315 938"></td> </tr> <tr> <td data-bbox="448 938 1086 981">No</td> <td data-bbox="1086 938 1315 981"></td> </tr> </table>		Yes (please provide charity registration number below)		No	
Yes (please provide charity registration number below)						
No						
<p>What is the organisation’s or applicant’s charity registration number?</p>	<p>NB: You are only required to answer this question if you answered “Yes” to the previous question</p>					
<p>Is your organisation or the applicant exempt for Income Tax with the Inland Revenue Department? (please tick one)</p>	<table border="1" data-bbox="448 1350 1334 1424"> <tr> <td data-bbox="448 1350 1086 1386">Yes</td> <td data-bbox="1086 1350 1334 1386"></td> </tr> <tr> <td data-bbox="448 1386 1086 1424">No</td> <td data-bbox="1086 1386 1334 1424"></td> </tr> </table>		Yes		No	
Yes						
No						
<p>Please tell us a little bit about your organisation</p>	<p>NB: i.e. when it was established, how it benefits the community, how many members are enrolled/associated with the organisation</p>					

What is the organisation's or applicant's bank account number?	
What is the name of the contact person for this application?	NB: You don't need to complete this question if you are applying as an individual
What is the e-mail address of the contact person?	NB: You don't need to complete this question if you are applying as an individual
What is the phone number of the contact person?	NB: You don't need to complete this question if you are applying as an individual
What is the role of the contact person within the organisation?	NB: You don't need to complete this question if you are applying as an individual
Please provide details of the project which you require funding for	NB: Your answer must include what the project is, the number of people within your organisation/the community who will benefit from the project and the expected completion date of your You will be required to provide copies of any quotes you have received.

<p>Please attach any supporting documentation with your application</p>	<p>NB: You should attach copies of:-</p> <ul style="list-style-type: none"> • Evidence of your legal status (for incorporated societies, charities etc.) • Evidence that you have authority to make this application on behalf of your organisation (i.e. signed minutes) • Two quotes for each item of expenditure • Budgets for the project (if applicable) • Financial statements for your organisation • Any other information you believe is relevant to this application 				
<p>What is the total cost of the project?</p>					
<p>What is the sum you require from the Awarua Trust?</p>					
<p>How do you intend on funding the remainder of the project?</p>					
<p>Have you applied or do you intend on applying for funding from any other organisation?</p>	<table border="1"> <tr> <td data-bbox="448 1330 954 1368">Yes (please provide details below)</td> <td data-bbox="954 1330 1214 1368"></td> </tr> <tr> <td data-bbox="448 1368 954 1406">No</td> <td data-bbox="954 1368 1214 1406"></td> </tr> </table>	Yes (please provide details below)		No	
Yes (please provide details below)					
No					
<p>Please provide details of the funding you have applied for (or intend on applying for)</p>	<p>NB: You are only required to complete this question if you answered “Yes” to the previous question. Your answer should include the names of the organisations you have applied to and the amount you have applied for or expect to receive</p>				

<p>How did you hear about the Awarua Trust? (please tick one)</p>	<table border="1"> <tr> <td data-bbox="448 432 1086 465">Internet search (i.e. Google)</td> <td data-bbox="1086 432 1257 465"></td> </tr> <tr> <td data-bbox="448 465 1086 499">Advertising</td> <td data-bbox="1086 465 1257 499"></td> </tr> <tr> <td data-bbox="448 499 1086 533">Word of mouth</td> <td data-bbox="1086 499 1257 533"></td> </tr> <tr> <td data-bbox="448 533 1086 566">Tertiary institute</td> <td data-bbox="1086 533 1257 566"></td> </tr> <tr> <td data-bbox="448 566 1086 600">Other (please provide details below)</td> <td data-bbox="1086 566 1257 600"></td> </tr> </table>	Internet search (i.e. Google)		Advertising		Word of mouth		Tertiary institute		Other (please provide details below)	
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<p>Please provide details of how you heard about the Awarua Trust?</p>	<p>NB: You are only required to answer this question if you answered “Other” to the previous question</p>										
<p>Notes to the application</p>	<p>Please read the following notes and provide confirmation that you agree to the same. You confirm that any funds received from this application will be used only for the purpose specified in this application and that any unspent funds will be returned to the Awarua Trust. You agree to use the funds within six months from the date you receive them, unless you obtain written approval from the Trustees. You agree to provide the Trustees with copies of any invoices you receive for this project together with proof of expenditure (i.e. bank statements). You authorise the Trustees to store any information related to this application if required. You agree that in the event of any audit irregularity or breach of condition of sponsorship the funds will be immediately returned to the Awarua Trust. You authorise the Trustees to use any of the information provided as part of this project (including any photos of the completed project) for advertising purposes. You agree to display the logo of the Awarua Trust on the completed project (if required by the Trustees) or acknowledge the support of the Trust through a communication to the members of your organisation (i.e. newsletter or social media post). This application is subject to the Trust's funding guidelines.</p> <p>By signing this form, the applicant declares that the information provided in this application is true and correct to the best of their knowledge and the applicant has the authority to make this application on behalf of the organisation named in Question 1 of this form.</p>										
<p>Signed</p>											
<p>Full Name</p>											
<p>Date</p>											

