

# CTMSC Application Form - Over \$20,000 2023

## Form Preview

### Eligibility

\* indicates a required field

#### Confirmation of Eligibility

I confirm that:

- I have read and understood the Community Trust of Mid and South Canterbury's [Grants Policy](#)
- My organisation is a formally run not-for-profit which meets the relevant eligibility criteria
- I am applying for a project or programme that meets the relevant eligibility criteria and benefits the people of Mid Canterbury and/or South Canterbury
- I am submitting this application into the appropriate round (capital projects to capital project rounds, programme or event funding requests to operating grant rounds, over \$20,000 into Major Grants round)

\*

☐ Yes

☐ No

You must confirm that all statements above are true and correct.

Your response to the question in Section 1 indicates that your organisation or your project may be ineligible for Community Trust of Mid and South Canterbury funding.

**Please contact the Community Relations Manager Freephone: 0800 672287 or by email: [crm@comtrust.org.nz](mailto:crm@comtrust.org.nz)**

### Organisation Details

\* indicates a required field

#### Organisation Status

**Check the category or categories which best describe your organisation \***

- ☐ Charitable Trust
- ☐ Incorporated Society
- ☐ Marae
- ☐ Education provider
- ☐ Other:

#### Registration detail

**Applicant NZ Charity Registration Number (CRN) \***

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The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

New Zealand Charities Register Information
Charity Registration Number
Organisation Name
Other Names
Status
Street Address
Postal Address
Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

## Type of Activity

**Which classification does your organisation best fit into ? \***

- ☐ Community Health & Welfare
- ☐ Sport & Recreation
- ☐ Culture & Heritage
- ☐ Education
- ☐ Youth Activities
- ☐ Environmental

## Location

**Main district where your organisation operates \***

- ☐ Ashburton ☐ Geraldine ☐ Temuka ☐ Mackenzie ☐ Timaru/Pleasant Point ☐ Waimate ☐ All Districts

Choose 1 only

## Community alignment

**Does your organisation PRIMARILY identify with or serve any of the following communities? Please select only TARGETED communities. It is assumed that the wider community may also benefit from your activities. \***

- ☐ Māori
- ☐ Pasifika
- ☐ Refugees or new migrants
- ☐ Youth

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- ☐ Seniors
- ☐ Rainbow/LGBTIQA
- ☐ Disability
- ☐ Low/limited income
- ☐ Rural/isolated
- ☐ Other:

- ☐ Our organisation has a wide community or environmental focus

At least 1 choice must be selected.

### Organisation Overview

**Provide details of your organisation and how it works. (i.e. who you are, what you do, projects or initiatives you have completed or are involved with) \***

**How do the services or opportunities that you offer differ from similar opportunities also available to local communities in your geographic area? \***

### Project, Programme or Event Details

\* indicates a required field

**Project, programme or event title: \***

Provide a name for your project or programme. Your title should be short but descriptive

**Project, Programme or Event Timing:** Please note that projects that are completed prior to the Application Consideration date (i.e. the date of the Community Trust meeting for the Round) are deemed "retrospective" and ineligible for funding. Application deadline and consideration dates can be viewed [HERE](#)

**Anticipated start date \***

**Anticipated end date \***

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

**Describe your proposed project, programme or event. Include a detailed breakdown of what the requested funding will be used for. \***

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**What community need do you propose to meet? Include an explanation of how you have established the need for this in your community.**

**Who will implement this project or programme? \***

- ☐ Staff
- ☐ Contractors
- ☐ Volunteers

Select all that apply

## Project Benefits

\* indicates a required field

### Benefits

**Who is going to use and benefit from the proposed project, programme or event? Include membership, client or participant numbers (or estimates) if possible to help us to assess the wider community impact of your initiative. If your project will also have a significant environmental impact please describe any ecosystems, locations or species which your project or programme will benefit. \***

**Describe how you will measure the success of your project (e.g. participation numbers, community engagement, environmental or other changes)**

### Evidence of community support

**Upload your evidence that this initiative is supported by and will benefit the LOCAL groups/individuals described above (eg letters, photos, statistics, equipment/ facilities/pro-bono or in kind contributions offered, advocacy etc). Your own promotional material may be included if specific to the project but is not deemed sufficient, ditto regional or national data or testimonials). For**

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**environmental projects/ programmes please attach appropriate evidence indicating the need for your initiative. \***

Attach a file:

A maximum of 10 files may be attached.

A maximum of 10 files can be attached

## Project Budget and Contributions

**\* indicates a required field**

**Total Amount Requested**

**\***

\$

What is the total financial support you are requesting in this application? For multi-year applications this is the combined amount over all years for which funding is sought.

**Total Project/Programme Cost \***

\$

What is the total budgeted cost (dollars) of your project?

**Have you applied to any other organisation for funding for the SAME purpose?**

☐ Yes

☐ No

If so, please include details in your budget

**Are You Applying for Multi-Year Funding ? \***

☐ Yes ☐ No

## Multi-Year Application (If Applicable)

If you are considering an application for multi-year funding please [contact the Community Relations Manager](#) to discuss.

**I have contacted the Community Relations Manager to discuss my application for multi year funding \***

☐ Yes

☐ No

**Amount Requested Year 1**

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the first year?

**Amount Requested Year 2**

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the second year?

**Amount Requested Year 3**

\$

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Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the third year?

### Budget information

Please upload your project budget and/or your operating budget as relevant. Please note the following:

- Your project budget should include forecast income (including the grant applied for here and details of other funding that you have applied for and whether it has been confirmed or not) as well as forecast expenditure.
- Provide clear descriptions for each budget item. Examples of income could include 'council community grant', 'fundraising', 'sponsorship'. Examples of expenses could include 'capital item purchases', 'wages', 'power', 'office supplies', 'part-time staff member x 40 hours'.
- Your budget (project and/or operating) should be specific to our funding area. If you are a regional or a national organisation you will need to provide a local breakdown (see our [Grants Policy](#) at 8.4).
- All amounts should be GST exclusive if your organisation is registered for GST or GST inclusive if your organisation is not registered for GST.

#### **Please upload your project and/or operating budgets \***

Attach a file:

#### **Is your organisation registered for GST? \***

- ☐ Yes  
☐ No

### Evidence of forecast expenditure - quotes, contracts, actuals

**Attach competitive quotes for goods/services (minimum 2) or contracts (for staff) as relevant to your major project or programme costs. For operational funding requests your best evidence of forecast expenditure will often be your actuals from last year. \***

Attach a file:

Attach an explanation if only one quotation is available

### Your contribution and commitment

**Describe your group's contribution and commitment to the cost of implementing your project or programme. Include any financial details or related fundraising as well as relevant volunteer numbers and activities. \***

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## Organisation Finances

\* indicates a required field

### Annual Report & Financial Statements - upload or link

**Please attach a pdf copy of your most recent Annual Report and/or Annual Financial Statements.**

If you do not produce an annual report please provide us with your most recent financial statements (including a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

#### Upload files \*

Attach a file:

Files should be no larger than 5Mb each

**If you have considerable reserves or have returned a considerable surplus please explain the financial need for a grant from the Community Trust of Mid and South Canterbury \***

### Latest bank statements - upload

**Please upload your most recent bank statement for each of your working/general accounts. Statements are not required for investment accounts. \***

Attach a file:

Multiple pdf uploads possible, files should be no larger than 5Mb

**Please describe the amount and purpose of any committed funds \***

### Pre-printed bank deposit slip or bank verification- upload

**Please upload a pdf copy of a bank deposit slip or bank statement confirming the account name & account number for verification purposes.**

Attach a file:

### Bank deposit details

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To ensure smooth integration with our Xero software for payments please take care when entering your account name and number in the boxes below and follow the prompts provided.

### Organisation's Bank Account Name \*

This is the bank account name that appears on your bank coded deposit slip or verified account details.

### Applicant Bank Account NUMBER \*

Bank Account Number goes here: DOUBLE CHECK that this is the same bank account number that appears on your bank statement or verified account details. Your bank account number needs to include: BANK (2 digits) BRANCH NUMBER (4 digits) ACCOUNT NUMBER (7 digits) SUFFIX (2 or 3 digits). Please do not use any hyphens or spaces when entering your account number

## Verified minutes - upload

**Please upload a pdf copy of the verified minutes which include an explicit resolution to apply for funding from the Community Trust of Mid and South Canterbury stating the purpose and amount for which your organisation makes this application. \***

Attach a file:

## Contact Details

\* indicates a required field

### Privacy Notice

We pledge to respect and uphold your rights to privacy protection as prescribed under the Privacy Act 1993.

- Any personal information about individuals you provide will be used only to assist in the administration of your application (assessment and reporting)
- The information you provide is restricted to the Community Trust of Mid and South Canterbury Inc. and staff, other parties that may need to be consulted, officers of, and people contracted to act on behalf of the Community Trust of Mid and South Canterbury
- Names of recipient organisations, the project description, and the amount of any grant will appear in the Community Trust of Mid and South Canterbury's Annual Report and relevant publicity material
- We welcome the assistance of grant recipients in providing publicity material (information and images) which the Community Trust will use with your permission

**Do we have your permission to also share your application details with other local funders? \***

☐ Yes ☐ No

The Community Trust of Mid and South Canterbury collaborates with other local funders. We may at times have the opportunity to mention your initiative to another funder where there appears to be strong alignment of purpose. The Community Trust will



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only share your information in these circumstances with your permission.

### Applicant Organisation Details

#### **Applicant organisation name \***

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the NZ Registrar of Societies or NZ Charities Commission.

#### **Department / Branch / Faculty**

Use this field only if relevant

#### **Primary (physical) address \***

Address

  

Suburb    Town/  
            City    Postcode

        

Must be a New Zealand postcode.

If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

#### **Postal address (if different to above)**

Address

  

Suburb    Town/  
            City    Postcode

        

Must be a New Zealand postcode.

#### **Applicant website**

Must be a URL

#### **Primary contact person \***

First Name

Last Name

    

This is the person we will correspond with about this grant

#### **Position held in organisation \***

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e.g. Manager, Board Member, Fundraising Coordinator

**Primary phone number \***

**Back-up phone number**

**Primary contact person's email address \***

This is the address we will use to correspond with you about this application.

## Declaration and Feedback

\* indicates a required field

### Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I declare that:**

- I am authorised to make this declaration.
- To the best of my knowledge all key information has been disclosed, and all information in the application is true and correct.
- On receipt of a grant, it will be used for the project for which it was approved, and the organisation will comply with the terms and conditions of the grant as outlined in the letter of approval.
- The organisation will comply with any reasonable request from the Community Trust of Mid and South Canterbury to monitor performance and accountability.

**I agree \***

☐ Yes

☐ No

**Name of authorised person \***

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

We may contact you to verify that this application is authorised by the applicant organisation

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**Date \***

Must be a date

### Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Please indicate how you found the online application process: \***

☐ Very easy    ☐ Easy    ☐ Neutral    ☐ Difficult    ☐ Very difficult

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider. \***