### 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 <u>Grants</u> 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

### Organisation Details

\* indicates a required field

### **Organisation Status**

Check the category	or categories which best describe your organisation $f *$
☐ Charitable Trust	
☐ Incorporated Socie	ty
□ Marae	
□ Education provider	
☐ Other:	

Registration detail

Applicant NZ Charity Registration Number (CRN) \*

The Charity Pogistration Number aresis				
The Charity Registration Number provide Click Lookup above to check that you have correctly.				
New Zealand Charities Register Information	n			
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 orgatory  □ Community Health & Welfare □ Sport & Recreation □ Culture & Heritage □ Education □ Youth Activities	anisation be	est fit into ? *		
□ Environmental				
□ Environmental  Location				
Location  Main district where your organisat  Ashburton Geraldine Temuka		○ Timaru/	⊃ Waimate	<ul><li>All</li><li>Districts</li></ul>
Location  Main district where your organisat	0	○ Timaru/ of Pleasant	⊃ <b>W</b> aimate	

<ul> <li>□ Seniors</li> <li>□ Rainbow/LGBTIQA</li> <li>□ Disability</li> <li>□ Low/limited income</li> <li>□ Rural/isolated</li> <li>□ Other:</li> </ul>			
☐ 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) *			
do, projects of initiatives you have completed of 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			
<b>Project, Programme or Event Timing:</b> 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 <u>HERE</u>			
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. \*

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

environmental projects/ progindicating the need for your lattach a file:	rammes please attach appropriate evidence initiative. *
A maximum of 10 files may be attack A maximum of 10 files can be attack	
Project Budget and Con	ntributions
* 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  If you are considering an applica  Relations Manager to discuss.	Applicable) tion for multi-year funding please contact the Community
I have contacted the Community year funding *  Yes	nity Relations Manager to discuss my application for
Amount Requested Year 1  \$ Must be a dollar amount.	
	of the total requested funds committed in the first year?
\$ 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  \$	

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 regestered 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? *  O Yes  O 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. *

### 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
	nt bank statement for each of your working/general required for investment accounts. *
Multiple pdf uploads possible, files sh	ould be no larger than 5Mb
Please describe the amount a	nd purpose of any committed funds *
Pre-printed bank deposit s	slip or bank verification- upload
Please upload a pdf copy of a account name & account num Attach a file:	bank deposit slip or bank statement confirming the ber for verification purposes.
Bank deposit details	

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 (2digits) 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.
<ul> <li>Any personal information about individuals you provide will be used only to assist in the administration of your application (assessment and reporting)</li> <li>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</li> <li>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</li> <li>We welcome the assistance of grant recipients in providing publicity material</li> </ul>
(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

only share your information in these circumstances with your permission.

### **Applicant Organisation Details**

Position held in organisation \*

	<b>nt organ</b> i ition Nam	<b>isation name *</b> e	:		
	t is listed in				re you provide the same of Societies or NZ Charities
Departr	nent / Br	anch / Faculty			
_					
Use this f	ield only if	relevant			
<b>Primary</b> Address	(physica	al) address *			
Suburb	Town/ City	Postcode			
	ganisation	and postcode. operates in multip	ole locations	or from multiple offices,	please pick one as your
<b>Postal a</b> Address	iddress (	if different to	above)		
Suburb	Town/ City	Postcode			
Must be a	New Zeala	and postcode.			
Applica	nt websi	te			
Must be a	URL				
		person *			
First Nan	ne	Last Name			
This is the	e person w	e will correspond	with about th	nis grant	

e.g. Manager, Board Member, Fundraising Coordin	ator
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 me authorised volunteer	mber, board member or	appropriately
Position *	Position held in applicant	organisation (e.g. CEO, 1	reasurer)
Contact phone number *	We may contact you to v by the applicant organisa		is authorised

Must be a date		
d the online appl	lication process: *	
<ul><li>Neutral</li></ul>	<ul><li>Difficult</li></ul>	<ul> <li>Very difficult</li> </ul>
	oplication process. take a few moment d the online appl O Neutral	oplication process. Before you review y take a few moments to provide some f d the online application process: *