

CTMSC Application Form Under \$20,000 2024

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

Organisation Details

* indicates a required field

Organisation Status

Check the category or categories which best describe your organisation *

- ☐ Charitable Trust
- ☐ Incorporated Society

Registration detail

Applicant NZ Charity Registration Number (CRN) *

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.

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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 ? *

- | | |
|---|---|
| <input type="checkbox"/> Community Health & Welfare | <input type="checkbox"/> Education |
| <input type="checkbox"/> Sport & Recreation | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Culture & Heritage | <input type="checkbox"/> 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
☐ Seniors
☐ Rainbow/LGBTIQA
☐ Disability
☐ Low/limited income
☐ Rural/isolated
☐ Other:

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☐ 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) *

Word count:

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

Total Project/Programme Cost *

Must be a dollar amount.
Currency only

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.

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

Project Costs

Please supply comparable quotes to support your project costs.

Expenditure - List all the eligible costs for this project.

Confirmed Income - How will your group contribute financially to the project? e.g. Sponsorship, Fees/Subscriptions, Fundraising, Loan/mortgage/debenture, Bank savings, Grants (successful or proposed), other

Confirmed Income/ Other Grants	\$	Expenditure	\$
(How you plan to fund the project)		(Project Costs)	
	\$		\$
	\$		\$
	\$		\$
Unconfirmed Income/ Other grants	\$		\$
	\$		\$
	\$		\$
	\$		\$
Plus contribution for own funds	\$		\$

Total income of the project:

\$

This number/amount is calculated.

Total cost of the project:

\$

This number/amount is calculated.

Surplus/Deficit

\$

This number/amount is calculated.

If there is a deficit, please explain how this will be funded.

New Question

Project Benefits

* indicates a required field

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Benefits

Who will implement this project or programme? *

- ☐ Staff
- ☐ Contractors
- ☐ Volunteers

Select all that apply

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. *

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/ 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

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.

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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

\$

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

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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

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

Attach a file:

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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

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

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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 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

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Suburb Town/ Postcode
City

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 *

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.

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- **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

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. *