

# NetworkTasman CHARITABLE TRUST

**THE PETER MALONE  
COMMUNITY GRANTS AND LOANS SCHEME 2017  
GROUP APPLICATION**

OFFICE USE ONLY	G	AREA	TYPE	CLASS	LOAN	APPN NO.
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## GENERAL DETAILS

1. FULL NAME OF ORGANISATION APPLYING:

2. POSTAL ADDRESS:

3. STREET ADDRESS:

4. NAME OF CONTACT PERSON:

5. CONTACT DETAILS:

Work Ph ..... Home Ph ..... Mobile .....

Fax ..... Email .....

6. LEGAL STATUS OF ORGANISATION (eg Incorporated Society, Charitable Trust, Unincorporated Club, Educational Institute etc) \*Grants are only made to 'Not for Profit' organisations\*

7. PURPOSE/MAIN ACTIVITY OF ORGANISATION (eg Tennis, Scouts):

8. DISTRICT OR AREA SERVED BY YOUR ORGANISATION:

9. WHAT PERCENTAGE OF YOUR MEMBERS ARE CONNECTED TO THE NETWORK TASMAN DISTRIBUTION SYSTEM?

10. ELECTED OFFICERS:	Name	Work Phone	Home Phone
President/Chairman:	.....	.....	.....
Secretary:	.....	.....	.....
Treasurer:	.....	.....	.....

11. WHAT AMOUNT ARE YOU APPLYING FOR? (This must agree with question 17 on page 2) \$ .....

12. WILL YOUR ORGANISATION ACCEPT MONEY BY WAY OF A LOW-INTEREST LOAN (2%) IF THE TRUST IS UNABLE TO MAKE A GRANT OF THE AMOUNT APPLIED FOR?

YES / NO



**18. DURATION OF PROJECT:**

START DATE ..... FINISHING DATE .....

**19. ARE YOU APPLYING TO ANY OTHER ORGANISATION FOR FUNDING ASSISTANCE FOR THIS PROJECT?**

**YES / NO**

IF YES, PLEASE LIST THE ORGANISATION/S. INDICATE THE AMOUNT OF MONEY YOU ARE APPLYING FOR. ANY MONEY GRANTED FOR THE PROJECT. WHEN YOU EXPECT TO KNOW THE RESULT(S) OF YOUR APPLICATION(S).

ORGANISATION	\$ GRANTED	\$ REQUESTED	RESULT DATE
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

**20 HAVE YOU RECEIVED ANY FUNDS FROM ANY ORGANISATION IN THE LAST THREE YEARS FOR ANY PROJECTS?**

**YES / NO**

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

FUNDING ORGANISATION	PROJECT	AMOUNT \$	YEAR
Local Authority Grants			
Local Authority Loans			
NZ Lottery Grants Board			
Pub Charities/Licensing Trust			
Any Govt. Department			
Network Tasman Charitable Trust			
Other			

**21. Briefly tell us why this project should be funded - what is the need for this project and how will it benefit your organisation and/or the community at large?**

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**22. If your application is successful, how do you plan to acknowledge (advertise/promote) Network Tasman Charitable Trust as provider of the grant?**

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**IMPORTANT**

Please attach a set of your current financial statements to this application along with any supporting information available (eg plans, quotes, etc).

Ensure that you have answered all of the applicable questions.

**23 PAYMENT OF FUNDS**

PLEASE ATTACH A DEPOSIT SLIP SO FUNDS CAN BE DIRECT CREDITED INTO YOUR BANK ACCOUNT (IF YOUR APPLICATION IS SUCCESSFUL).

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**24 DECLARATION (to be signed by two members of organisation)**

We hereby declare that the information supplied here on behalf of our organisation is correct and that we agree to abide by the rules and criteria of the Network Tasman Charitable Trust Community Grants and Loans Scheme. We are authorised by our organisation to make this application. We acknowledge that we are personally liable for any loss to Network Tasman Charitable Trust arising from any false information supplied in support of this application.

NAME ONE: ..... ROLE IN ORGANISATION: .....

NAME TWO ..... ROLE IN ORGANISATION: .....

SIGNATURES: ..... DATE .....

..... DATE .....

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**25 CONSENT UNDER PRIVACY ACT 1993**

I, ..... , hereby consent to the Network Tasman Charitable Trust collecting the details provided above, and retaining and using these details. I undertake that I have obtained the consent of the other contact person to provide these details. I acknowledge my right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

SIGNATURE: ..... DATE: .....

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**Applications close Friday 1 September 2017**

**Please note: Final decision made in October**

**APPLICATION TO:**

**Alicia Chapman  
Network Tasman Charitable Trust  
C/- Craig Anderson Ltd  
270A Queen Street, Richmond, 7020  
P O Box 3115, Richmond, 7050**

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