

NetworkTasman CHARITABLE TRUST

THE PETER MALONE COMMUNITY GRANTS SCHEME GROUP APPLICATION FORM

Please refer to the Grant Criteria at www.networktasman.co.nz/grants-scheme for procedures and eligibility

APPLICANTS MUST BE END USERS OF NETWORK TASMAN LINE FACILITIES.

**IN THE EVENT OF THE APPLICANT BEING AN ORGANISATION, IT MUST SHOW THAT RECEIVING A GRANT WILL
RESULT IN SIGNIFICANT BENEFIT TO THE DISTRICT SERVICED BY THE COMPANY.**

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

1. FULL NAME OF ORGANISATION APPLYING:

2. TRADING NAME OR OTHER NAME (IF APPLICABLE):

3. POSTAL ADDRESS:

4. STREET ADDRESS:

5a. NAME OF CONTACT PERSON:

5b. POSITION (e.g. Chairperson, Treasurer):

6. CONTACT DETAILS:

Work Ph Home Ph Mobile

Fax Email

7a. LEGAL STATUS OF ORGANISATION (e.g. Incorporated Society, Charitable Trust)

7b. CHARITY OR REGISTRATION NUMBER:

8. MAIN ACTIVITY OF ORGANISATION (e.g. Sport, Social Services, Environment):

9. VISION OR MISSION OF YOUR ORGANISATION:

10. DISTRICT OR AREA SERVED BY YOUR ORGANISATION:

11. WHAT PERCENTAGE OF YOUR MEMBERS/USERS ARE CONNECTED TO THE NETWORK TASMAN DISTRIBUTION SYSTEM?

12. KEY CONTACTS:	Name	Phone	Email
Manager:
President/Chairperson:
Secretary:
Treasurer:

13. WHAT AMOUNT ARE YOU APPLYING FOR? (This must agree with question 18 on page 2):

\$

PURPOSE OF THIS APPLICATION

14. FULL DETAILS OF ACTIVITY FOR WHICH FUNDING IS SOUGHT (Specific project, service or activity for which a grant would be used):

[illegible]

Use separate page if necessary

15. THE FULL COSTS OF THIS ACTIVITY ARE:

[illegible]

16. HOW MUCH MONEY DO YOU PRESENTLY HAVE ALLOCATED TO THE ACTIVITY?

\$

17. HOW DO YOU INTEND FINANCING THIS ACTIVITY?

INCOME	COST \$
SPONSORSHIP	
USER FEES	
GRANTS	
FUND-RAISING	
LOANS/MORTGAGES/DEBENTURES	
FUNDS ON HAND	
\$ ALREADY SPENT ON THIS ACTIVITY	
DONATED MATERIALS	
VOLUNTARY EFFORT	
OTHER (please state)	
OTHER (please state)	
OTHER (please state)	
TOTAL INCOME:	\$

18. THIS APPLICATION FOR FUNDING ASSISTANCE TOWARDS THIS ACTIVITY IS FOR:

TOTAL AMOUNT APPLYING FOR:	\$
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19. DURATION OF ACTIVITY:

START DATE: FINISHING DATE:

If no exact start and finishing dates, please provide information:

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20. ARE YOU APPLYING TO ANY OTHER ORGANISATION/S FOR FUNDING ASSISTANCE FOR THIS ACTIVITY?

YES / NO

If YES, please list the organisation/s. Indicate the amount of money you are applying for and any money already granted towards the activity and/or when you expect to know the result(s) of your application(s).

ORGANISATION	GRANTED \$	REQUESTED \$	RESULT DATE
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21. HAVE YOU RECEIVED ANY FUNDS FROM NETWORK TASMAN CHARITABLE TRUST OVER THE LAST THREE YEARS?

YES / NO

If YES, please provide the following details:

PURPOSE	AMOUNT \$	YEAR
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22. BRIEFLY TELL US WHY THIS ACTIVITY SHOULD BE FUNDED - WHAT IS THE NEED FOR THIS ACTIVITY/PROJECT/SERVICE AND HOW WILL IT BENEFIT YOUR ORGANISATION AND/OR THE COMMUNITY AT LARGE?

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Use separate page if necessary

23. 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 latest financial statements to this application along with any supporting information available (eg plans, quotes, etc). If you have any tagged or allocated funds (e.g. grants from other funders) or investments (e.g. term deposits), please explain why these monies cannot be used towards this activity. Please ensure that you have answered all of the applicable questions.

24. PAYMENT OF FUNDS

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

25. DECLARATION (to be signed by two members of your 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 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: POSITION:

SIGNATURE: DATE:

NAME ONE: POSITION:

SIGNATURE: DATE:

26. 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.

NAME: POSITION:

SIGNATURE: DATE:

Applications close 5pm Friday 30 August 2019

Please note: Final decision will be made in October

SEND APPLICATION TO:

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

Ph: (03) 544 6179
Fax: (03) 544 5979
Email: alicia@caca.co.nz (Preferred if possible)