

# THE PETER MALONE COMMUNITY GRANTS SCHEME GROUP APPLICATION FORM - 2024

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

OFF	ICE USE G	AF	REA	ТҮРЕ	CLASS	APPN NO.
GE	NERAL DETA	AILS				
1.	FULL NAME OF OR	GANISATION APPLYII	NG:			
2.	TRADING NAME O	R OTHER NAME (IF A	PPLICABLE):			
3.	POSTAL ADDRESS:					
4.	STREET ADDRESS:					
5a.	NAME OF CONTAC	T PERSON:			5b. POSITION	(e.g. Chairperson, Treasurer):
6.	CONTACT DETAILS	:				
	Work Ph		Hor	ne Ph	Mobile	
	Fax		Ema	ail		
7a.	LEGAL STATUS OF	ORGANISATION (e.g.	Incorporated S	ociety, Charitable Trus	t) 7b. CHARITY (	OR REGISTRATION NUMBER:
8.	MAIN ACTIVITY OF	F ORGANISATION (e. <sub>{</sub>	g. Sport, Social S	Services, Environment)	:	
9.	VISION OR MISSIO	ON OF YOUR ORGANIS	SATION:			
10.	DISTRICT OR AREA	SERVED BY YOUR O	RGANISATION:			
11.	WHAT PERCENTAG	E OF YOUR MEMBER	RS/USERS ARE C	ONNECTED TO THE NE	TWORK TASMAN DISTRIBU	TION SYSTEM?
12.	KEY CONTACTS:	Name		Phone	En	nail
	Manager:					
	President/Chairper	son:				
	Secretary:					
	Treasurer:					

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

14.	FULL DETAILS OF ACTIVITY FOR WHICH FUNDING IS SOUGHT (Specific project, service or activity for which a grant would be used):				
		Use separate page if nece			
	THE FULL COSTS OF THIS <u>ACTIVITY</u> ARE:	_			
	EXPENDITURE	COST \$			
	TOTAL EXPENDITURE:	\$			
	HOW MUCH MONEY DO YOU PRESENTLY HAVE ALLOCATED TO THE ACTIVITY?				
	\$				
•	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				
	Ç/ERE/BTSI ENT ON THIS/RETVITE				
	DONATED MATERIALS  VOLUNTARY EFFORT				
	DONATED MATERIALS  VOLUNTARY EFFORT  OTHER (please state)				
	DONATED MATERIALS  VOLUNTARY EFFORT  OTHER (please state)  OTHER (please state)				
	DONATED MATERIALS  VOLUNTARY EFFORT  OTHER (please state)	\$			

\$

TOTAL AMOUNT APPLYING FOR:

	DURATION OF ACTIVITY:							
	START DATE: FINISHING DATE:							
	If no exact start and finishing dates, please provide information:							
).	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				
				I				
L.	HAVE YOU RECEIVED ANY FUNDS FROM NETWORK TASK	MAN CHARITABLE TRUST OVER	THE LAST THREE YEARS?					
	YES / NO							
	If YES, please provide the following details:							
	PURPOSE		AMOUNT S	YEAR				
	PURPOSE		AMOUNT \$	YEAR				
	PURPOSE		AMOUNT \$	YEAR				
	PURPOSE		AMOUNT \$	YEAR				
	PURPOSE		AMOUNT \$	YEAR				
	PURPOSE		AMOUNT \$	YEAR				
2.	BRIEFLY TELL US WHY THIS ACTIVITY SHOULD BE FUNDE							
<u>.</u>	BRIEFLY TELL US WHY THIS ACTIVITY SHOULD BE FUNDE							
·-	BRIEFLY TELL US WHY THIS ACTIVITY SHOULD BE FUNDE							
!-	BRIEFLY TELL US WHY THIS ACTIVITY SHOULD BE FUNDE		HIS ACTIVITY/PROJECT/SER					
	BRIEFLY TELL US WHY THIS ACTIVITY SHOULD BE FUNDE		HIS ACTIVITY/PROJECT/SER	VICE AND HOW WILL				
<u>.</u>	BRIEFLY TELL US WHY THIS ACTIVITY SHOULD BE FUNDE		HIS ACTIVITY/PROJECT/SER	VICE AND HOW WILL				
<u>-</u>	BRIEFLY TELL US WHY THIS ACTIVITY SHOULD BE FUNDE		HIS ACTIVITY/PROJECT/SER	VICE AND HOW WILL				
·	BRIEFLY TELL US WHY THIS ACTIVITY SHOULD BE FUNDE		HIS ACTIVITY/PROJECT/SER	VICE AND HOW WILL				
2-	BRIEFLY TELL US WHY THIS ACTIVITY SHOULD BE FUNDE		HIS ACTIVITY/PROJECT/SER	VICE AND HOW WILL				
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	BRIEFLY TELL US WHY THIS ACTIVITY SHOULD BE FUNDE	TY AT LARGE?	HIS ACTIVITY/PROJECT/SER	VICE AND HOW WILL				
	BRIEFLY TELL US WHY THIS ACTIVITY SHOULD BE FUNDE BENEFIT YOUR ORGANISATION AND/OR THE COMMUNIT  IF YOUR APPLICATION IS SUCCESSFUL, HOW DO YOU PLA	TY AT LARGE?	HIS ACTIVITY/PROJECT/SER	VICE AND HOW WILL				
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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. We will complete all required accountability requirements of Network Tasman Charitable Trust and note that failure to complete said accountability requirements will result in ineligibility for any future funding until all outstanding accountability requirements have been NAME: POSITION: SIGNATURE: DATE: NAME: 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:

## **Applications close 5pm Friday 23 August 2024**

Please note: Final decision made at the Trust meeting 11 October 2024

### **SEND APPLICATION TO:**

Alicia Chapman Network Tasman Charitable Trust P O Box 3164, Richmond, 7050

Ph: 0800 82 78 78

Email: admin@networktasmantrust.org.nz

SIGNATURE: DATE: