

Frozen Funds Contestable Application 2024

Form Preview

Frozen Funds Charitable Trust Contestable Grant - 2024 Funding Eligibility Criteria

Your organisation, or the organisation you are applying through must be:

- Registered with Charities Services.
- Applications may be submitted by individuals or groups without charitable status. **However**, individual or groups without charitable status must apply through a registered charitable organisation that has agreed to administer the funds on their behalf.

PLEASE NOTE:

- Applications must be for people who use, or have used, mental health or intellectual disability services.
- Projects need to be run by and for people with intellectual disabilities or mental health illness.
- Applications must show evidence of how service users are going to be involved in the project/programme.
- Applications must be directly linked to and address one of the [objectives](#).
- Up to \$10,000 per grant is offered to successful organisations.
- The Trust will accept more than one application per organisation, individual or group, however only one project/program will be funded if successful.

Any applications with the following circumstances will not be considered.

- Incomplete or late applications
- Applications for Retrospective funding
- Accountability requirements from 2023 - any applicant who received funding in 2023 and has not uploaded a receipt and an accountability report for the grant to the SmartyGrants database, and has not made alternative arrangements with the Trustee
- Applications from individuals who do not apply through a registered charitable organisation
- Applications from sports organisations or service clubs
- Applications requesting funding for overseas projects
- Applications submitted for funding that exceeds \$10,000 per grant
- Financial Statements that do not comply with the Reporting Standards set by the Department of Internal Affairs - Charities Services. You must attach the same completed financial statements you used with your latest Charities Filing return

Important notes

* indicates a required field

Funding Eligibility Criteria

Please read the Trust's [Funding Eligibility Criteria](#) and the Trust's [objectives](#).

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Individuals who need assistance with their application are encouraged to seek it from the charitable organisation they are applying through, or another trusted person or agency. Unfortunately the Frozen Funds Charitable Trust cannot offer assistance in completing applications.

Please read the below statements. If your organisation's circumstances do not match any one of the below your application will not meet the basic eligibility criteria.

If your organisation does not meet the eligibility criteria and is still looking for funding, you may wish to explore funding opportunities with these organisations:

[Generosity New Zealand](#)

[Strategic Grants](#)

You are with or have the authority to act on behalf of a registered charitable organisation and are applying for an organisation, or an individual, or a group (without charitable status)? *

- ☐ Organisation (registered with Charities Services)
- ☐ Individual
- ☐ Group (not registered with Charities Services)

This organisation supports and/or is run by people who use, or have used, mental health or intellectual disability services. *

- ☐ Yes
- ☐ No

The project this organisation is seeking funding for aligns with one of the Trust objectives. *

- ☐ Yes
- ☐ No

Enquiries regarding the Trust's funding eligibility or suitability of your application should be addressed to Public Trust via email: funding@publictrust.co.nz

Applicant Details

*** indicates a required field**

Organisation Details

Name of your organisation or the organisation you are applying through *

Organisation Name

If your organisation is a branch of a national body please enter your name in the following format 'ABC Group - Wellington'.

Individual or group

Name of individual or group

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Only complete section 2 if you are applying as an individual or group through a Charitable organisation

What are the individual / groups credentials to provide the project?

Please limit your answer to 100 words or less.

Please attach a CV for individuals

Attach a file:

Please enter and lookup your charity registration number, format CC12345 *

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.

New Zealand Charities Register Information	
Charity Registration	
Number	
Organisation Name	
Other Names	
Status	
Street Address	
Postal Address	
Telephone	
Fax	
Email	
Website	
Date Registered	

Please enter the number in upper case, with no spaces between the letters and digits. If you have entered the number correctly the fields in the grey box will populate.

Contact for this Application *

Title	First Name	Last Name

Position Held

Contact Phone Number *

Contact Person's Email *

Must be an email address.

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Funding Request

* indicates a required field

Please tell us about your organisation / self? *

Please keep to no more than 150 words.

How many paid staff do you have?

Only complete if you are applying as an organisation. Please show the number of FTEs for your organisation, or if you are applying for a branch for that branch.

How many volunteers do you have?

Only complete if you are applying as an organisation. Please show the number of volunteers for your organisation, or if you are applying for branch for that branch.

Funding request details

Funding Request Title *

In 10 words or less – if you had to give a brief statement to describe your funding request what would you say? e.g. Equipment (x2 wheelchairs); To provide counselling services; Operating expenses – 6 months' rent; etc.

How much funding is your organisation requesting? *

\$

NOTE: the maximum grant amount that you can apply for is \$10,000. Please round to the nearest \$. If you are GST registered the amount requested must EXCLUDE GST.

Tell us about the project or mahi you request the funding for and how it is aligned with the Trust's objectives *

Please provide specific details of your project/programme, it would be helpful to include information such as the expenses you wish to pay or items you wish to purchase. Please keep to no more than 400 words.

Summarise the goal/s this grant will enable your organisation to achieve *

Please briefly outline the expected outcomes of your project and the people/communities it will benefit. Please keep to no more than 200 words.

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How many people will be benefited by this project.

What sector is this project supporting? *

☐ Mental Health Sector ☐ Intellectual Disability Sector

If this project is supporting both sectors please chose the one that will receive the greater share of the funding support.

How many people/service users is this project intended to reach? *

Must be a number

Which of the following population groups will your project reach (tick all that apply): *

- ☐ Māori
- ☐ Pasifika
- ☐ Older people
- ☐ Youth
- ☐ People with disabilities
- ☐ People with current significant health considerations
- ☐ People with a background as a migrant and/or refugee
- ☐ Rainbow communities
- ☐ People who are rurally isolated
- ☐ Don't know
- ☐ Other

If 'other', please specify

If this project is not managed by people with intellectual disability or people with lived experience of mental distress, please give evidence of how you will work in partnership with them.

Please keep to no more than 200 words.

Where will the project operate?

- | | | | |
|-------------------------------------|---|---------------------------------|----------------------------------|
| <input type="radio"/> Nationwide | <input type="radio"/> Hawke's Bay | <input type="radio"/> Northland | <input type="radio"/> Tasman |
| <input type="radio"/> Auckland | <input type="radio"/> Manawatu-
Wanganui | <input type="radio"/> Otago | <input type="radio"/> Waikato |
| <input type="radio"/> Bay of Plenty | <input type="radio"/> Marlborough | <input type="radio"/> Southland | <input type="radio"/> West Coast |
| <input type="radio"/> Canterbury | <input type="radio"/> Nelson | <input type="radio"/> Taranaki | <input type="radio"/> Wellington |
| <input type="radio"/> Gisborne | | | |

The total expected cost of your project *

\$

Project start date

Project end date

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If the full grant requested is not received will the project still go ahead? *

- ☐ Yes
☐ No

Tell us how you will fund the remaining balance required? Please include details of other funding applications you have made.

This is specifically related to the purpose of the application. If you are seeking other grants how much of your funding is confirmed?

What will you use the Frozen Funds funding for?

Please provide a high level breakdown of the costs you are asking us to fund. This should show us what you would spend our grant on.

This should add up to the total you are requesting from the Frozen Funds Trust - the answer to the previous question.

Expenditure	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Budgets, Cost and Quotes

Project specific - Please attach supporting quotes, budgets etc. here

Attach a file:

Your Organisation's Financial Details

* indicates a required field

Financial Statements

Please attach a copy of your most recent Financial Statements *

Attach a file:

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Note that financial statements must comply with the reporting standards set by Department of Internal Affairs - Charities Services. You must attach the same financial statements you used for the latest Charities Filing return.

Financial Statement Balance Date *

If you are successful we will need your bank details

Note that payments will only be made to bank accounts under your organisation's name. No payments will be made to third party bank accounts.

If your organisation is applying on behalf of an individual or group the Trust will deposit the grant into the organisation's bank account as the organisation administers the funds on their behalf.

Bank Account *

Account Name

Account Number

Must be a valid New Zealand bank account format.
Account Name can not exceed 60 spaces.

Please attach a bank deposit slip or verification of your bank account details *

Attach a file:

Verification of your organisation bank account can be: an encoded deposit slip, a bank statement issued within the last 3 months, OR a signed and stamped confirmation from the bank dated within the last 3 months.

GST Registration

Is your organisation GST Registered? *

☐ Yes ☐ No

IRD/GST Number

If your organisation is GST registered. Format: 012-345-678.

Sources of Funding

We would like to understand the sources of funding your organisation is reliant on and how your organisation operate financially. You might like to include the unconfirmed sources of funding in your summary.

Please provide a brief summary of your organisation's financials in the last 12 months and the likely operation costs in the next 12 months. *

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Please keep to no more than 250 words.

Which Reporting Tier does your organisation use for the Charities Services' annual return?

Final Information/Declarations

* indicates a required field

Is there any other supporting information you would like to upload? Please limit to 2 documents.

Attach a file:

A maximum of 2 files may be attached.

E.g. Supporting research, letters of support etc.

Our preferred format for attachments is PDF, Excel, Word or JPG.

Supporting materials cannot exceed 25MB in size, as files exceeding this will not upload.

How did you hear about the Trust?

- ☐ I have applied to the Trust in the past.
- ☐ Word of mouth or recommendation.
- ☐ Internet (e.g. Public Trust, search engine or other funding websites).
- ☐ Facebook
- ☐ Media (e.g. Newspaper or radio adverts).
- ☐ Other

Declaration Privacy Statement

In submitting this application form I certify that:

- I am authorised by my organisation to complete and submit this application;
- I am authorised to provide and upload the personal information of our employees in accordance with the Privacy Act 2020, if applicable;
- To the best of my knowledge, all details supplied in this application and any attached documents are true and correct.

I agree that I will contact Public Trust Charities Team immediately if any information provided in this application changes or is incorrect.

I understand that if the Trust approves a grant, my organisation will be required to comply with any terms and conditions applying to the grant, including those set out on Public Trust's website, and be bound by the content of my application to apply the funding for the

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purpose for which it was requested. My organisation may also be required to comply with the Trust's accountability requirements, and may be asked to publicly acknowledge the donation from the Trust.

I acknowledge that the information contained in this application is stored in the SmartyGrants database and will be held by Public Trust for the purpose of assessing the application submitted by me on behalf of my organisation to the Frozen Funds Charitable Trust.

I understand the information may be made available to other parties such as the Frozen Funds Trust Board in the course of enquiries regarding applications and third party suppliers for related purposes.

I acknowledge that if I do not provide all of the information requested, Public Trust may not be able to assess this application.

My Organisation gives consent for Public Trust to hold this information, so far as is reasonable, for the duration of the trusteeship of the Frozen Funds Charitable Trust in order to meet their legal requirements.

My organisation acknowledges that individuals may ask for access to personal information held about them and, if they believe the information is incorrect, they are able to request correction of that information.

I have read and understood the declaration and privacy statement *

☐ Yes

Full Name *

Date *

Must be a date.