

T G Macarthy Trust Application 2024

Form Preview

Are you eligible to apply for funding from the T G Macarthy Trust in 2024??

* indicates a required field

Before you answer the questions below please check the [trust's funding region](#) and [read the Trust's eligibility for funding criteria](#).

If you answer **no** to any of the questions below you are **not eligible to apply** to the Trust for funding. **PLEASE DO NOT SUBMIT AN APPLICATION AS IT WILL NOT BE CONSIDERED BY THE TRUST.**

If you are not eligible to apply and are still looking for funding you may like to visit the Public Trust or Generosity NZ websites to search for other grant making organisations.

Is your organisation registered with Charities Services, an incorporated society or a registered school? *

☐ Yes ☐ No

Is your organisation operating or providing a service within the Trust's funding region? *

☐ Yes ☐ No

Have you read the Trust's eligibility for funding criteria? *

☐ Yes ☐ No

Applicant Details

* indicates a required field

Organisation Details

Name of your organisation *

Organisation Name

Please enter and lookup your Charities registration number (example 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

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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 space between the letters and digits. If you have entered the number correctly the fields in the grey box will populate.

If details of your organisation's address, website etc need updating or are missing, please add them here

If you are eligible for funding but are not a registered charity, e.g. a registered school please state here

Key contacts

Head of Organisation

Title	First Name	Last Name

Position Held

Email

Contact for this Application *

Title	First Name	Last Name

Position Held

Contact Phone Number *

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Contact Person's Email *

Tell us about your organisation and funding request

* indicates a required field

Why: in a few sentences tell us your organisation's purpose / vision / mission. (Please keep to less than 100 words.) *

Who: Tell us about the communities and people your organisation aims to serve or support. *

What: Tell us about what your organisation does to achieve its purpose and support your communities? (Please keep to less than 200 words.) *

What are you applying for?

Funding request title (in 10 words or less) *

Hint - 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.

Please indicate under which category group are you applying for; *

- ☐ Group 1: One-off grants (for equipment purchase / replacement and non-operating expenses, and for operating expenses and or core business services (e.g. social, mentoring, counselling services)) between \$5,000 to \$10,000 per grant
- ☐ Group 2: Grants for Community impact funding (salaries, projects, programmes) for grants between \$10,000 to \$100,000 per grant.
- ☐ Group 3: Investment funding which would support capital projects that will facilitate and enable the delivery of new, or the expansion/preservation of existing, community and environmental assets, and larger non-capital projects/programmes. E.g., Investments in social service delivery, social enterprise start-up, etc. with grants between \$100,000 and \$300,000.

You may only choose one group.

How much funding is your organisation requesting? *

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Must be a dollar amount and at least 5000.

Minimum request amount \$5,000. If you are GST registered the amount requested must EXCLUDE GST.

Please select which one of the Trust objectives best aligns with your request *

- ☐ Improve the quality of life for the disadvantaged and marginalised
- ☐ Help children and young people develop and realise their potential
- ☐ Facilitate and care for the dignity of older people
- ☐ Provide essential medical and emergency services

Describe how your funding request is aligned with the Trust's objective(s). (No more than about 150 words please.) *

How will this request help the communities you serve? (Please keep to less than 150 words.)

Tell us about the impact that this request will contribute to - what does success look like? (Please keep to less than 150 words.)

Which areas of the Trust's funding region will benefit from the funding? *

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> The Total Area | <input type="checkbox"/> Horowhenua | <input type="checkbox"/> Kapiti Coast |
| <input type="checkbox"/> Lower Hutt | <input type="checkbox"/> Manawatu / Rangitikei | <input type="checkbox"/> Porirua |
| <input type="checkbox"/> Upper Hutt | <input type="checkbox"/> Wairarapa | <input type="checkbox"/> Whanganui |
| <input type="checkbox"/> Wellington City | | |

Tell us about how your organisation collaborates with others, especially around the initiative you are seeking funding for. (Please keep your answer less than 200 words)

Budgets and Quotes

- Funding requests of up to \$100,000 should include a clear budget, and, where relevant, quotes for equipment purchases etc
- Funding requests of \$100,001 and more should provide quotes, budgets, business plan.

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Please attach supporting quotes, budgets etc. here

Attach a file:

Your Organisation's Financial Details

* indicates a required field

When reviewing your organisation's finances, are you happy for T G Macarthy Trust to use your most recent financial statements from Charities Services? *

- ☐ Yes
☐ No

Alternatively if you wish us to consider more recent financial statements please supply them here:

Attach a file:

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

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.

Bank Account

Account Name

Account Number

Must be a valid New Zealand bank account format.

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

Attach a file:

Verification of your organisation's bank account can either be: a full bank statement issued in your organisation's name & dated within the last 3 months, OR a signed written & stamped confirmation from a bank of your organisation's account number dated within the last 3 months.

Is your organisation GST Registered? *

- ☐ Yes ☐ No

IRD/GST Number

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Must be at least 11 characters, format: 012-345-678.

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:

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, Facebook, search engine or other funding websites).
- ☐ Media (e.g. Newspaper or radio adverts).
- ☐ Other:

Applicant feedback (optional).

We have recently updated our application form based on grantee feedback, and we plan to improve it further, so we can be more responsive to community needs. We appreciate your feedback

Approximately how long has it taken to complete your application (in hours). Please include the time of everyone who has been involved.

On a scale of 1 to 10 please rate how easy our application process has been. 1 for not easy at all, to 10 being very easy.

Have you got any suggestions for how we could improve our application process?

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 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 T G Macarthy Trust.

I understand the information may be made available to other parties such as the Trust Board in the course of enquiries regarding applications and third part 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 for no longer than is required in order to assess this application and 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.