### W R Kettle Trust - 2024 Funding Eligibility Criteria

### Your organisation must be:

- Registered with Charities Services, a School or an Incorporated Society (Individuals and Service Clubs are not eligible to apply).
- Operating or providing a service within the Trust Funding Region, being Greymouth and Cobden, the area from Otira to Kumara Junction (inclusive), the area from Greymouth to Barrytown (inclusive), and the area from Greymouth to Ngahere (inclusive).

#### **PLEASE NOTE:**

Grants will be for a minimum of \$500 and maximum of \$5,000. All funding is GST exclusive.

#### Applications submitted for under \$500 will not be considered.

#### Any applications with the following circumstances will not be considered.

- Incomplete or late applications.
- Retrospective funding (grants to cover projects that have already occurred and been paid for).
- Applications from individuals or sports organisations.
- Applications requesting funding for overseas projects.
- Applications not based in or supporting people within the funding region.
- Applications submitted under \$500.

## Are you eligible to apply for funding?

\* 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.

Is your organisation a registered charity Incorporated Society? *	ty with Charities Services, a School or an		
○ Yes	○ No		
Is your organisation operating or provide funding region? *	ling a charitable service within the Trust's		
○ Yes	○ No		
Have you read the Trust's eligibility for ○ Yes	funding criteria? *  O No		

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

## **Applicant Details**

\* indicates a required field

### Organisation Details

Name of your organisation \*

Organisation Name	

### Please enter and lookup your Charities 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 space between the letters and digits. If you have entered the number correctly the fields in the grey box will populate.

Postal Address *	Address			
	Suburb	Town/ City	Postcode	

Website				
Is your organisation GST Regi ○ Yes	stered?	○ No		
IRD/GST Number *				
Bank Account				
Please provide your bank details.  Note that payments will only be no payments will be made to third payments.			er your organisatio	on's name. No
Bank Account Account Name				
Account Number  Must be a valid New Zealand bank ac	count form	at.		
Please attach a bank deposit : Attach a file:	slip or ve	rification of you	ur bank account	details *
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 *				

Contact Person's Email *	
Contact I Cison's Linan	
Tell us about your organ	isation
* indicates a required field	
What does your organisati	on do?
do? *	nisation - what does your organisation currently
Word count: Please limit your answer to 200 words	or less.
How many people does your or	rganication assist nor year? *
now many people does your or	ganisation assist per year:
How many paid staff do you ha	ve? *
How many volunteers do you h	ave? *
Discourse	face and beautiful that the Tourist for discourse
Please snow the number of volunteers	for your branch/ within the Trust funding area.
What are you applying for	<b>,</b>
Funding request title *	
,	
	a brief statement to describe your funding request what would hirs; To provide Counselling Services; Operating Expenses – 6
months' rent; etc.	is, to provide counseling services, operating expenses
How much funding is your orga	anisation requesting? *
\$	
Minimum request amount \$500. Pleas requested must EXCLUDE GST.	e round to the nearest \$. If you are GST registered the amount
What will this grant enable you	ur organisation to achieve?
what will this grant enable you	i organisation to acmeve:
Please provide specific details of your funding and who will benefit?	project/programme. What are the expected outcomes of the

Describe how the project / programme is aligned with the Trust's objectives?
Word count: Max 200 words
Approximately how many people do you expect to benefit from the funding? *
What is the total expected cost of your project/programme/expense? *  Must be a dollar amount.
If the project is not fully funded by the Trust, how will you fund the remaining amount required?
Include details of other funding applications and/or provide an outline of any fundraising efforts already undertaken toward this project.
Budgets, Cost and Quotes
Project specific (supporting quotes, budgets etc here) Attach a file:
Your Organisation's Financial Details
* indicates a required field
Please attach a copy of your organisation's most recent Financial Statement *  Attach a file:
Income Expenditure and Assets Liabilities
Income  \$ Must be a dollar amount.
<b>Expenditure</b> \$ Must be a dollar amount.

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Net Surplus/Deficit	
\$ Must be a dollar amount.	
Assets Liabilities	
Current Assets *	E.g. Bank Accounts, Debtors, Stock, Term Deposits maturing within 12 months.
Non-Current Assets *	E.g. Property, Investments, Equipment & other assets.
Total Assets *	
Current Liabilities *	E.g. Overdrafts, Creditors, Unused Donations with conditions etc.
Non-Current Liabilities *	E.g. Loans, Mortgages etc.
Total Liabilities *	
Working Capital (Current Assets - Current Liabilities) *	

### **Budget**

Income	\$ Expenditure	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

## Sources of Funding

Please list your organisation's top 10 sources of external funding (such as grants, government contracts & foundation income) for the next 12 months. For unconfirmed sources of funding, you may write, unconfirmed next to it in brackets. E.g. ABC grant (unconfirmed).

Form Preview

Funding Source/ Organisation	Amount	Funding End Date
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

### 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, Search Engine or Other Funding Websites). ☐ 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 W R Kettle 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 W R Kettle 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 W R Kettle Trust.

I understand the information may be made available to other parties such as Special Trust Advisors 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 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