

David Ellison Charitable Trust - 2024 Funding Eligibility Criteria

Your organisation must be:

- Registered with Charities Services or;
- A registered incorporated society.

PLEASE NOTE:

- Grants will be for a maximum of \$10,000. All funding is GST exclusive.

Any applications with the following circumstances will not be considered.

- Incomplete or late applications
- Retrospective funding
- Accountability requirements from 2023 - any applicant who received funding in 2023 that has not uploaded a receipt and an accountability report for the grant to the Smarty Grants database will not be considered. (Or who has not made alternate arrangements with the Trustee.)
- Applications from individuals, sports organisations and service clubs.
- Applications submitted over \$10,000

Are you eligible to apply for funding?

* indicates a required field

Before you answer the questions below please 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 a Registered Charity with Charities Services or a registered Incorporated Society? *

☐ 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

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

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

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Is your organisation GST Registered?

☐ Yes ☐ No

IRD/GST Number

Must be at least 11 characters.

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

Please provide 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.

Organisation's Bank Account Name

e.g. ABC - Wellington Inc

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 organisations account number dated within the last 3 months.

Contact for this Application *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position Held

Contact Phone Number *

Contact Person's Email *

Must be an email address.

Tell us about your organisation

* indicates a required field

What does your organisation do?

Tell us briefly about your organisation - what do you currently do? *

Word count:

Must be no more than 150 words.

Please limit your answer to 150 words or less.

How many people does your organisation assist per year? *

Please show the number assisted annually by your branch within the Trust funding area. Note this for all of the work your organisation does.

How many paid staff do you have? *

Please show the number of FTE for your branch within the Trust funding area.

How many volunteers do you have? *

Please show the number of volunteers for your branch within the Trust funding area.

What are you applying for?

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 – 2 Wheelchairs; To provide Counselling Services; Operating Expenses – 6 months' rent; etc.

Give a brief description or summary of the project

Word count:

Must be no more than 200 words.

How much funding is your organisation requesting? *

Please round to the nearest \$. The maximum grant limit is \$10,000. If you are GST registered the amount requested must EXCLUDE GST.

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What is the total expected cost of your project/programme/expense? *

\$

Who in your community is this project / programme supporting as per the objectives of the Trust? *

- ☐ Providing assistance and care for at risk families
- ☐ Improving the quality of life for people
- ☐ Children's health, education and well-being
- ☐ Disaster relief and aid in crisis situations

Project and or Programme start date

Must be a date.

Project and or Programme end date

Must be a date.

What will this grant enable your organisation to achieve? *

Word count:

Must be no more than 200 words.

Please provide specific details of your project/programme, the expense you wish to pay or item you wish to purchase. What are the expected outcomes of the funding and who will benefit?

Describe how the project/programme supports one or more of the Trust objectives *

Word count:

In 150 words or less

Approximately how many people do you expect to benefit from the funding? *

Please indicate the area/region your organisation will support with this grant? *

- ☐ Christchurch / ☐ North Island ☐ South Island ☐ Overseas ☐ Other
Canterbury region

If the full grant requested is not received, will the project/programme still go ahead?

If not fully funded by the Trust, how will you fund the remaining balance required? Include details of other funding applications, and/or provide an outline of any fundraising efforts already undertaken toward this project.

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Word count:

Must be no more than 100 words.

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

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

Please attach a copy of your most recent Financial Statements *

Attach a file:

Financial Statement Balance Date *

Note: Financial Statements must comply with the Reporting Standards set by DIA - Charities Services. You must attach the same completed financial statements you used with you latest Charities Filing return.

Income Expenditure

In the questions below please provide financial details using your most recent Financial Statements.

Total Income *

Total Expenditure *

Net Surplus/Deficit *

Current Assets *

E.g. Bank Accounts, Debtors, Stock, Term Deposits maturing within 12 months.

Non-Current Assets *

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Total Assets *

Current Liabilities *

Non-Current Liabilities *

Total Liabilities *

Working Capital (Current Assets - Current Liabilities) *

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).

Income	Amount	Funding End Date
		Must be a 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.

Helpful feedback

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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).
- ☐ Facebook

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 David Ellison 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 David Ellison Trust and/or any other conjoint Trust/s.

I understand the information may be made available to other parties such as the David Ellison Trust 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

Date *

Must be a date.

Full Name *

