### John Stewart Booth Trust - 2024 Funding Eligibility Criteria

### Your organisation must be:

- Registered with Charities Services; and
- Providing services for the relief, assistance and benefit of aged and infirm persons; and
- Operating or providing a service within the Trust Funding Region (the territorial boundaries of the **former** local authority known as the North Shore City Council in the Auckland area).

#### PLEASE NOTE:

- The Trust offers one large grant at the maximum value of \$40,000, and smaller grants at the value between \$5,000 and \$20,000 per grant.
- All funding is exclusive of GST.

#### These applications will not be considered:

- Incomplete or late applications.
- Retrospective funding (where the project has already been paid for and you are asking to be reimbursed for the cost).
- Applications from individuals, sports organisations and service clubs.
- Applications requesting funding for overseas projects.
- Applications not based in or supporting aged and infirm persons living within the named region above.

### Important notes

\* indicates a required field

Please read the Trust's eligibility for funding criteria.

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 for funding from the Trust.

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

Your organisation is a Registered Charity with Charities Services. *  ○ Yes  ○ No				
Your organisation is operating or supporting people within the Auckland Area (the territorial boundaries of the former local authority known as the North Shore City Council). * $\Box$ Yes $\Box$ No				
The project your organisation is seeking funding for benefits aged and/or infirm person who live permanently within the Trust's funding area. * $\square \ \ \text{Yes} \ \ \square \ \ \text{No}$				
Applicant details				
* indicates a required field				
Organisation details				
organisation details				
Name of your organisation *				
If your organisation is a branch of a national body, please enter your name in the following format: 'ABC Group - Wellington'.				
Registered Charity				
Please enter and look up 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				
Postal Address Telephone				
Postal Address Telephone Fax				
Postal Address Telephone				

Must be formatted correctly.

Please enter the number in upper case, with no space between the letters and numbers. 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 *	Please pro area code.	vide a daytime conta	act phone number, i	ncluding the
Contact Person's Email *	Must he an	email address.		
	Must be at	remail address.		
Tell us about your organ	isation			
* indicates a required field				
A brief summary of your o	rganisa	tion		
(Who are you?) *				
Please limit your answer to 200 words	s or less.			
How many people does your o	rganisati	ion assist per ye	ar?	
Please show the number assisted annually your organisation or the branch (which ever is applicable) within the Trusts funding area. Note: this is for all the work your organisation does.				
How many paid staff does you	r organis	sation have?		
Please show the number of FTEs for y the Trusts funding area.	our organis	sation or the branch	(which ever is appli	cable) within
How many volunteers do you	have?			
Please show the number of volunteer	s for your b	oranch within the Tru	ısts funding area.	
Your project				
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.

A brief summary of your project *
Please keep to no more than 150 words.
Who in our community is this project supporting as per the objects of the Trust  ☐ Improving the quality of life for our older people.  ☐ Providing assistance and care for aged and infirm people.  ☐ Other:
Please note you can select more than one
How much funding is your organisation requesting? *
Minimum request amount is \$3,000. Please round to the nearest \$. If you are GST registered, the amount requested must EXCLUDE GST.
What will this grant enable your organisation to achieve? *
Please provide specific details of your project / programme, the expense you wish to pay, or the ite you wish to purchase. What are the expected outcomes of the funding and who will benefit? Please keep to no more than 250 words.
Describe how the project / programme is aligned with the Trust's objectives: *
Please keep to no more than 150 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 not fully funded by the Trust, how will you fund the shortfall? Include details of other funding applications and provide an outline of any fundraising efforts already undertaken towards this project. *

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.	Attach a file:			
supporting quotes, buagets etc.				
Your Organisation's Financial De	etails			
* indicates a required field				
Financial Statements				
Please attach a copy of your most recent Financial Statements * Attach a file:	Financial Statement Balance Date *			
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 forma	t.			
Please attach a bank deposit slip or verification of your bank account details * Attach a file:				
GST Registration				

○ No

Is your organisation GST registered? \*

Yes

**IRD/GST Number** 

Must be at least 11 characters, forma	at: 012-345-678.		
Income & Expenditure and Assets & Liabilities			
In the questions below please pro Statements.	ovide financial details using your most recent Financial		
Total Income *			
Total Expenditure *			
Net Surplus/Deficit *			
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 *			
Total Liabilities *			
Working Capital (Current Assets - Current Liabilities) *			
Final Information & Dec	larations		
* indicates a required field			
Is there any other supporting to 2 documents. Attach a file:	information you would like to upload? Please limit		

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 website).
- Facebook.
- Media (e.g.: Newspaper or radio adverts).

#### **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 John Stewart Booth Trust.

I understand the information may be made available to other parties such as Committee members or Independent Auditors 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		
Full Name *		

Date *	
Must be a date.	