

Are you eligible to apply for funding?

* indicates a required field

Before you answer the questions below please check 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 with Charities Services or a School? *

- Yes No

Is your organisation operating/assisting the community within the Northland Region. *

- Yes No

Northland Region being within the boundaries of the districts of Kaipara, Whangarei and the Far North.

Have you read the Trust's Eligibility for Funding Criteria? *

- Yes No

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.

Applicant Details - Tell us about your organisation

* indicates a required field

Organisation Details

Name of your organisation *

Organisation Name

If your organisation is a branch of a national body please enter your 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

L W Nelson Trust Application 2020

Form Preview

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

Must be a New Zealand post code

Website

Must be a URL

Is your organisation GST Registered?

Yes

No

IRD/GST Number *

Must be at least 11 characters, format: 012-345-678 if your number is only 8 digits add an 0 at the beginning.

Please provide your bank account 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.

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

Attach a file:

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Form Preview

Head of Organisation

Title

First Name

Last Name

Position Held**Email**

Must be an email address

Contact for this Application *

Title

First Name

Last Name

Position Held**Contact Phone Number ***

Please provide a daytime contact phone number, including the area code.

Contact Person's Email *

Must be an email address.

So what do you do?

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

Word count:

Please limit your answer to 200 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.

Why do you need Funding?

* indicates a required field

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.

Please provide more detail of what your organisation would like funding for. *

Word count:

In 200 words or less please provide details of your project/programme, the expense you wish to pay or item you wish to purchase.

Describe how the project supports the Trust's charitable objectives:

What sector in the community is this project / programme supporting as per the objectives of the Trust?

- Elderly Care and Welfare
- Community & Social Services
- Mental Health and Disability
- Child & Youth

If you are requesting funding for a project/programme/expense please attach a budget. If you are purchasing a specific item please attach a quote.

Attach a file:

What are the expected outcomes of the funding and who will benefit? *

Word count:

In 200 words or less - what specific issue or need do you want to address with this funding? What are your aims and objectives? Who will you be assisting?

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

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How much funding is your organisation requesting? *

\$

Please round to the nearest \$. Minimum you can apply for is \$2,000 and the maximum \$10,000'. If you are GST registered the amount requested must EXCLUDE GST.

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

\$

Tell us how you will fund the remaining balance required? 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?

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.

Income & Expenditure

In the questions below please provide financial details using your most recent Financial Statements (as attached).

Total Income *

Total Expenditure *

Net Surplus/Deficit *

If adding a deficit amount delete any \$ signs or entries in the field and then type the negative amount e.g. -200,000

Assets & Liabilities

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Form Preview

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)

If adding a deficit amount delete any \$ signs or entries in the field and then type the negative amount e.g. -200,000

Sources of Funding

Please list your top 10 sources of external funding (such as grants, government contracts & foundation income) for the 12 months ending 31 December 2020.

**Funding Source/
Organisation**

Amount

Funding End Date

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.

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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

I certify that:

- I am authorised by my organisation to complete and submit this application;
- 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 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.

By submitting an application my organisation consents to the information collected by Public Trust being used for the purpose of assessing this application and any other application for funding made to other Trusts administered by Public Trust. I acknowledge that if I do not provide all of the information requested, Public Trust may not be able to assess my application. My organisation also consents to the information supplied in this application being made available to other parties in the course of enquiries regarding applications and/or publishing the results of funding approved. I acknowledge that individuals may ask for access to personal information held about them and, if they believe the information is incorrect, they can request correction of that information.

Funding recipients may be asked to publicly acknowledge the donation from the Trust.

I have read and understood the declaration and privacy statement *

- Yes