

Funding Eligibility Criteria

Your organisation must be:

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

AND

- Operating or providing a service within the Trust Funding region, the **Northland region** (within the boundaries of the districts of Kaipara, Whangarei and the Far North)

NOTE:

- Grants will be for a minimum of \$3,000 and a maximum of \$15,000. 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** for the grant to the 'Smarty Grants' database or who has not made alternative arrangements with the Trustee in this respect will not be considered in the 2024 funding round.
- Applications from individuals, sports organisations and service clubs
- Applications requesting funding for overseas projects
- Applications not based in or supporting people within the Trust funding region
- Financial Statements that do not comply with the Reporting Standards set by DIA - Charities Services. You must attach the same completed financial statements you used with your latest Charities Filing return.
- Applications submitted under \$3,000

Notes

If you are not eligible to apply and are still looking for funding you may like to visit the Public Trust, Generosity NZ or Strategic Grants websites to search for other funding opportunities.

[Public Trust - Find a Grant](#)

[Generosity New Zealand](#)

[Strategic Grants](#)

Applicant Details

* indicates a required field

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Organisation Details

Name of your organisation *

Organisation Name

A brief description of your organisation *

Word count:

Please limit your answer to 200 words or less.

How many people does your organisation assist per year? *

How many paid staff do you have? *

How many volunteers do you have? *

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	

Contact for this application *

Title

First Name

Last Name

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Position held

Contact email for this application *

Must be an email address.

Postal Address (if different from the address above)

Address

Suburb Town/
City Postcode

Website (if not listed above)

Financial Information

* indicates a required field

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 a 0 at the beginning.

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.

Does your organisation operate under a controlling entity that prepares consolidated financial statements, or are you registered as part of a group with charities services?

☐ Yes ☐ No ☐ Unsure

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If yes, what is your relationship with your parent or controlling entity, do you share funding or resources? Do you pay a levy or affiliate fee to your parent entity?

If you have individual entity or branch financial statements or reports, you can attach them here:

Attach a file:

This is optional and allows us a greater understanding of your local finances specific to the region you are applying for funds for.

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

Current Assets *

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

Total Assets *

Non-Current 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).

Funding Source/ Organisation	Amount	Funding End Date

If you are successful we will need your organisation's bank details

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 organisation's bank account details *

Attach a file:

Bank Account

Account Name

Account Number

Must be a valid New Zealand bank account format.

Funding Request

* 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.

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The amount requested *

Please round to the nearest \$. Minimum you can apply for is \$3,000 and the maximum \$15,000. If you are GST registered the amount requested must EXCLUDE GST.

Please select one or more from below listed sectors in the community that is/are relevant to this project / programme and meet/s the objectives of the Trust.

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

Project summary *

Please limit your summary to 200 or less. 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?

Project desired outcome *

Please limit your answer to 300 words or less. Please include a brief explanation on how the project / programme will align with this Trust's objectives.

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:

The number of people you expect to benefit from the funding. *

The total expected cost of your project/programme/expense.

\$

Must be a dollar amount.

Project start date

Must be a date.

Project end date

Must be a date.

If the grant requested is not received will the project still go ahead? *

- ☐ Yes
- ☐ No

Tell us how will you fund the remaining balance required? Please include details of other funding applications, and/or provide an outline of any fundraising efforts already undertaken toward 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. here

Attach a file:

Final Information & Declarations

* indicates a required field

Other supporting information you would like to provide. Please limit to two documents.

Attach a file:

E.g. Supporting data or research findings, testament 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).
- ☐ Facebook
- ☐ 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.

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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 LW Nelson Trust.

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

Applicant full Name *

Date *

Must be a date.