Roy Owen Dixey Charitable Trust - Year 2025 Funding Eligibility Criteria

Your organisation must be:

- Registered with Charities Services or;
- A registered incorporated society or;
- A school registered with the Ministry of Education
- Operating or providing a service within the Trust Funding Region (greater Christchurch area).

PLEASE NOTE:

- Grants will be for a minimum of \$3,000 and or maximum of \$10,000. All funding is GST exclusive.
- Applicants must supply a set of Financial Statements completed in line with the reporting standards set by Charities Services.
- Your application must demonstrate how your organisation aligns with the general charitable purposes of the Trust which are:
- 1. 1.The advancement of education
 - 2.The advancement of religion
 - 3. The relief of poverty, sickness or disability
 - 4.Any other purpose that benefits the community

Any applications with the following circumstances will not be considered.

- Incomplete or late applications
- Retrospective funding
- Accountability requirements from 2024 any applicant who received funding in 2024 or prior years that has not uploaded a receipt for the grant to the SmartyGrants database will not be considered. (Or who has not made alternate arrangements with the Trustee.)
- Applications from individuals, sports organisations and service clubs.
- Applications requesting funding for overseas projects.
- Applications not based in or supporting people within the greater Christchurch area.
- Applications submitted under \$3,000 and over \$10,000.

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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 Roy Owen Dixey 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.**

Minimum Grant \$3,000 and Maximum Grant \$10,000

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Fax Email Website

Please note applications submitted under \$3,000 will not be considered. Is your organisation registered with Charities Services, an Incorporated Society or a School? * \bigcirc No Yes Is your organisation operating/assisting the community within the funding region? * ○ Yes \bigcirc No Christchurch City, the Waimakariri District and the Hurunui District but not the Selwyn District or Banks Peninsula. Have you read the Trust's Eligibility for Funding Criteria? * ○ Yes \bigcirc No **Applicant Details** * indicates a required field **Organisation Details** Name of your Organisation Name organisation * If your organisation is a branch of a national body please enter your name in the following format 'ABC Group - Christchurch'. 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

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Date Registered							
Please enter the number in upper of entered the number correctly the f					and digit	s. If you have	
Postal Address *	Address						
	Suburb	Town/ City	Postcode	e			
Website							
Is your organisation GST Re ○ Yes	gistered?	*)				
IRD/GST Number *	Must be	at least 11	characters	include	e, format	: 012-345-678	
Please provide your ban	k details	5.					
Note that payments will only be payments will be made to third				r your	organis	ation's name.	No
Bank Account * Account Name							
Account Number Must be a valid New Zealand bank	account for	mat.					
Please attach a bank deposi Attach a file:	it slip or v	erificatio	n of you	r ban	k accou	nt details *	
Verification of your organisation's k organisation's name & dated withir from a bank of your organisations a	n the last 3	months, OP	a signed v	written	& stamp		
Contact for this Application *	Title	First Na	me	Last N	lame		

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Position Held	
Contact Phone Number *	
Contact Person's Email *	
Tell us about your orga	anication
* indicates a required field	allisacion
What does your organisa	ation do?
-	
Tell us briefly about your or	ganisation - what do you currently do? *
Word count: Please limit your answer to 200 wo	ords or less
-	
now many people does you	r organisation assist per year? *
Please show the number assisted a all of the work your organisation do	annually by your branch/ within the Trust funding area. Note this oes.
How many paid staff do you	ı have? *
Please show the number of FTE for	your branch/ within the Trust funding area.
How many volunteers do yo	u have? *
Please show the number of volunte	eers for your branch/ within the Trust funding area.
What are you applying f	or?
Funding Request Title *	
	give a brief statement to describe your funding request what wou Ichairs; To provide Counselling Services; Operating Expenses – 6
How much funding is your o	organisation requesting? *
	ou are GST registered the amount requested must EXCLUDE GST
Applications must be between \$3,0	J00 and \$10,000

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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 is aligned with the Trust's objectives?
Word count:
In 150 words or less please provide details of the need you have identified and how that need would be supported by this funding.
Approximately how many people do you expect to benefit from the funding? *
What is the total expected cost of your project/programme/expense? *
\$
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.
This is specifically related to the purpose of the application. If you are seeking other grants how muc of your funding is confirmed?
Budgets, Cost and Quotes
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:
Your Organisation's Financial Details
* indicates a required field
Please attach a copy of your most recent Financial Statements * Attach a file: Attach a file:
Attach a file:

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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 your 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 within 12 months.	s, Stock, Term Deposits maturing
Non-Current Assets *		
Total Assets *		
Current Liabilities *		
Non-Current Liabilities *		
Total Liabilities *		
Working Capital (Current Assets - Current Liabilities) *		
Sources of Funding		
Please list your organisation's to government contracts & foundar sources of funding, you may wri (unconfirmed).	tion income) for the next 12	2 months. For unconfirmed
Funding Source/ A Organisation	Amount	Funding End Date

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Final information & declarations

* indicates a required field

Is there any other supporting information you would like to upload? Please lim to 2 documents. Attach a file:	ıit
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). ☐ Facebook ☐ Other:	

Declaration & Privacy Statement

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

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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 Roy Owen Dixey Charitable Trust and/or any other conjoint Trust/s.

I understand the information may be made available to other parties such as an Advisory Committee and / 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 understo ○ Yes	ood the declaration and privacy statement *
Full Name *	
Date *	
Must be a date.	