



Northland Grassroots Giving Fund Full Application Form

For funding in The Tindall Foundation Supporting Families and Social Services Programme

Based on the information that you have already provided, we wish to invite your organisation to complete a full application for funding. Please read the notes below before completing the attached application form and providing the supporting information. It is important to keep supporting information as brief as possible. Main points with brief explanations are helpful in assessing your proposal whilst excessive documentation can slow the process.

Organisation details

Name of Organisation:		Date:	
Legal Status:		Charities Commission Registration #	
Postal Address:			
Street Address:			
Contact Person:		Position:	
Phone:		Fax:	
Email:		Website:	
Initiative Name:			
Amount Requested:	\$ <i>per annum for</i> <i>years</i> <i>(must be no more than your Assessment Form request)</i>		

Summary of Request

Describe in more detail the initiative your requested funding for in your Preliminary Assessment using the following headings (maximum 150 words for each)

1. What do you want a donation for?
2. How have you ascertained the need for this initiative and who will benefit?
3. What plan do you have to make it happen?
4. Which people, organisations and networks will you work with when carrying out this initiative?
5. Give names, qualifications and experience of the key people who will implement this initiative

Community Links

Please indicate the organisations and networks with which you have regular contact and the links you have with the community you serve.

Defined Outcomes and Indicators of Progress

We understand you wish to carry out this initiative to make a difference. We are interested in how will measure this. Please specify UP TO FIVE outcomes you aim to achieve with the initiative, and the indicators you will use to track your progress. If funding is approved, you will be asked to report upon achievement of these outcomes.

Be sure to think about these outcomes carefully. Initial approval of funding and subsequent monitoring of the effectiveness of your initiative will be based on what you state here.

Other conditions may also apply.

Outcomes Aimed For (difference to be made)	Indicators of Progress

Sources of funding for this initiative

Please list all funding for this initiative, including applied and/or confirmed, together with amounts for each.

Source	Amount Applied For	Applied/Confirmed
	\$	
	\$	
	\$	

Please indicate (where relevant) how funding for this initiative will be sustained when this funding ceases.

Supporting information checklist

Your application should include the following supporting information:

- Proof of legal status or Charities Commission Registration number
- IRD Tax Exemption Certificate or Charities Commission Registration number
- Budget for this initiative (income and expenditure)
- Two written references
- List of current governing body officers names
- Copy of your latest annual accounts
- Bank deposit slip

Applicant's declaration

- This application has the formal approval of our controlling Board/Committee/Authority
- To the best of our knowledge the information provided in this application is true and correct.
- It is acknowledged that any decision made by Trustees is final and we accept that no reasons for such a decision may be given, nor any correspondence entered into.
- We agree that any donation made will be used for the purposes specified in our application. In the event that we cannot comply with the conditions of the donations within the specified time, we will advise of the surrounding circumstances to enable a review of the donation to take place.
- We give authorisation for any enquiries to be made of any third parties, (even though that may involve disclosing information contained in the application) or undertake audits of our organisation in connection with this application.
- We acknowledge that this application and details of the Trustees' decision may be shared with other funders and made publicly available.

For and on behalf of: This application needs to be signed by **two authorised members** of your organisation.

Organisation name: _____

1. Name (print): _____ Signature: _____

Position: _____ Date: _____

2. Name (print): _____ Signature: _____

Position: _____ Date: _____

Please return this form to Northland Foundation – info@northlandcommunityfoundation.org.nz
PO Box 10011, Te Mai, Whangarei 0143