

**Application for Financial Assistance
 CONTESTABLE FUND**

Please print all details clearly

Date:

Name of Organisation: <i>(Please note Grants are not made to individuals)</i>	
Address: <i>(Postal)</i>	Address: <i>(Physical)</i>
Phone No:	Fax No:
Email:	Website:
Contact Person:	How is it best to contact you? Please circle: Email / Fax / Phone
Purpose and principal goals and objectives of your organisation <i>(i.e. Core Business or Focus)</i>	
Funds from this application will be used for (project/programme/salaries)	
Operational Costs of this project/programme <i>(Please note exclusions in CCF Policy Brochure):</i>	
Items:	\$
	\$
	\$
Total Required from the Catholic Caring Foundation	\$
Total salaries/wages for current year or estimated total cost of project	\$
Funds already in hand (eg salaries via government contracts)	\$

Additional information about the project/programme you are applying for funds for.

How has the **need** for this project/programme or service been identified?

How does this project/programme demonstrate **caring** to the people it seeks to assist?

Does the programme or organisation's key services offer solutions to address both the **immediate** and **long terms** solutions? Please explain briefly.

Will this application support start-up programmes/services or is it a continuation of existing programmes/services?

How will you measure the benefit of this grant, if successful?

How does your organisation propose to raise the balance of funds?

If your organisation has funds put aside for any reason/project. Please explain what those funds are a) tagged for, b) why they cannot be used for this project

How many people will benefit from any grant given
Directly Indirectly

Estimated Commencement date:
For Programmes

Estimated Finish Date:
For Programmes

Who is accountable for the financial control of this grant?

Name:

Phone:

Have you been granted CCF funds previously?	Have these funds been spent?
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Have accountability statements been filed with CCF by the agreed date? (if no please explain)

Additional information about your organisation

Are you a: Trust Incorporated Society Other
 (Tick only one) If other please specify:
 Is your organisation controlled by any other organisation/ authority (please specify).
If so please supply a letter of support from the organisation.

Is your organisation registered for GST	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Year organisation established:	No. of people in your organisation:
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No. of persons assisted last year:	Paid: Volunteers:
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Geographic area of operation:	
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Names and contacts of principal officers:	
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Chairperson	Ph	Secretary	Ph
CEO	Ph	Treasurer	Ph
Auditor	Ph	Accountant	Ph

Current sources of funding (<i>last years figures</i>)	\$
Government	
Charitable Trusts	\$
Others	\$
Investments	\$
Total Income	\$

Please supply the following additional information

	A copy of your audited financial accounts for the last year
	A copy of your latest bank statement
	An original pre-printed deposit slip for your organisations bank account
	A list of Trustees/Board Members or Committee Members
	A copy of registration certificate for your organisation, i.e. incorporation certificate
	A signed copy of your constitution rules, trust deed, charter

Any further information you believe would support your application such as letters of recommendation, referees, etc.

Please note letters of recommendation, etc should have been written within 1 year of this application and total additional information should not amount to more than 10 pages.

Applicants declaration:

Please read this section which must be signed by the person who prepared this application **and** the Chairperson/ President of the organisation

- We have authority to commit our organisation to this application.
- We declare that the information herein, and that supplied is accurate, true and correct.
- Any further information requested or supplied will be true, accurate and correct.
- We acknowledge that any decision made by the Board or Grants Committee of the Catholic Caring Foundation is final.
- We accept that no reasons for such decision will be given, nor will any correspondence be entered into. We are available however, to discuss any future application prior to it being prepared and submitted.
- If our Application is successful we will complete agreed reporting for the grant within agreed time frames.

For and on behalf of our Organisation:

Name (<i>print</i>):	Position of person who has prepared this application:
Date:	Signature:
Name (<i>print</i>):	Chairperson/ Other (<i>please state</i>)
Date:	Signature:

Privacy Act:

Any personal information about individuals you provide will be used only to assist with the administration and assessment of the application.

The information you provided is restricted to the Board and Executive Staff of the Catholic Caring Foundation and other parties that may need to be consulted during the process of investigating and providing funding.

Names of Grant Recipients will appear in the New Zealand Catholic and publicity material. You are entitled to access the information and correct it.

The use of personal testimonies will be used once prior agreement has been reached with the organisation and the person(s) concerned. Such use will be authorised in writing.

Please note that if your Application is successful, you will be required to meet mutually agreed reporting requirements.

FOR OFFICE USE ONLY Database ID #

Copies provided of:

Financial Accounts for last year		Latest bank statement	
Original pre-printed deposit slip		List of Trustees/Board/Committee members	
Registration/Incorporation Certificate		Constitution Rules/Trust Deed/Charter (signed)	