

## Detailed Application for Grant

### CONTESTABLE FUND

**DUE: EMAIL/POST BY 14 APRIL 2017**

The Catholic Caring Foundation provides grants to organisations of up to \$15,000 per annum for projects / services that strengthen or support families, individuals and communities, both short term and long term within the Auckland Diocese (Far-North to Thames/ Whitianga).

You are invited to submit a full application to the grant's committee by **Friday 14 April 2017**. For further help to complete this application form, please refer to our Grants distribution policy, available on our website.

***Please answer all questions. Please type your response or print clearly. If you require additional space for your answers, please attach a separate word document. Please do not use font under 10 point.***

You may post or email your completed form to:

The Catholic Caring Foundation Private bag 47-904, Auckland 1144.

Email: [info@caringfoundation.org.nz](mailto:info@caringfoundation.org.nz) we suggest that when you are in your new email screen that you go to options and tick *request a delivery receipt* and tick *request a read receipt*.

ABOUT YOUR ORGANISATION	
What is the name of your organisation and how much funding are you requesting?	
Name	Amount
What type of entity are you? (Tick only one)	Registered
Incorporated Society <input type="checkbox"/>	Charitable Trust <input type="checkbox"/>
Other (Describe): _____	
Charities Commission Registration Number _____	
Incorporated Society Number _____	
Address: (Postal)	Address: (Physical)
Phone No:	Mobile No:
Email:	Website:
Contact Person:	

Is your organisation associated with a parent organisation/ authority? If so what is its name: _____			
What is the purpose of your organisation? (If you require extra room, please send in a word document.)			
What are the goals of your organisation in 2017? (If you require extra room, please send in a word document.)			
When was your organisation established?			
What is your geographic area of operation? Does your organisation work with urban or rural communities?			
How many clients did you assist last year? Do you support or work with other organisations? And if so who are they?			
Please give names and contact numbers for the following persons			
Chairperson	Ph	Secretary	Ph
CEO	Ph	Treasurer	Ph
How many staff are employed by your organisation?			
How many volunteers support your organisation?			
What other fundraising initiatives do you plan for 2017?			
Is your organisation registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Where did your funding come from last year?			
Government Agencies		%	
Charitable Trusts		%	
Fund Raising		%	
Investments		%	
Catholic Caring Foundation		%	
Others		%	
<b>Total Income</b>		<b>100 %</b>	

**ABOUT THE PROJECT /SERVICE** (If you require extra room, please send in a word document.)

Describe the project / service for which you seek funds. What outcomes will funding achieve?

What is the **need** that this project / service seeks to address?

Who else is providing a similar service in your area and why are you different?

What are the risks of this project/ service failing? (Other than financial failure...)

Is this a new project / service or ongoing? (Tick one box)

New project / service: ☐

Continuation of existing project / service: ☐

What have you done to ensure there is no service duplication in your area?

Will the project / service produce a **short term benefit** for the people assisted, or a **long term benefit**, or both? Please explain:

What are the total operating costs of this project / service in the coming year? Such as:-	
Salaries	\$
Travel expenses	\$
Administration expenses (office, rent, vehicles, etc.)	\$
Volunteer expenses and supplies	\$
Advertising & promotion expenses	\$
Equipment	\$
Building & property expenses	\$
Other expenses	\$
<b>Total cost of the project in the coming year</b>	\$
Subtract funding from other sources	\$
<b>Amount requested from the Catholic Caring Foundation</b>	\$
For how many years do you expect this project to run? One year <input type="checkbox"/> Two to five years <input type="checkbox"/> Indefinitely <input type="checkbox"/>	
How do you propose to raise the balance of funds required for this project / service?	
If your organisation has funds or financial reserves in its bank accounts why can't those funds be used to fund this project / service?	
What was the 2015 and 2016 operating surplus / loss of your organisation? (Please state A = audited or U = unaudited)	
Who will be accountable for the financial control of the funds granted by the Catholic Caring Foundation?	
Name:	Position: Phone:

## PREVIOUS GRANTS FROM THE CATHOLIC CARING FOUNDATION

Has your organisation received any grants from the Catholic Caring Foundation before and when?

Yes ☐ Date (s) .....

No ☐

Has an accountability report been submitted for previous grant? (If not this could affect payment of future grants.)

Any general information you wish to add?

Has your organisation received or applied for Tindall Foundation Funding this year.

Yes ☐ Date .....

No ☐

## ADDITIONAL INFORMATION

**Please include the following information with your application**

A copy of your last <u>audited</u> financial accounts (In full)	<input type="checkbox"/>
A copy of the resolution/minutes of the committee/executive to apply for funding and that the secretary or chair has signed this as true and correct	<input type="checkbox"/>
A deposit slip for your organisation's bank account	<input type="checkbox"/>
A letter of support from any parent or joint venture organisation that affects your organisation or this project	<input type="checkbox"/>
A copy of your organisation's Certificate of Incorporation and/ or copy of Charities Commission summary <i>Please note if your organisation is successful, you will be asked to supply a copy of your organisation's Trust Deed, Charter, Constitution or Rules.</i>	<input type="checkbox"/>
Is/was there any litigation against your organisation? If yes please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other information in support of your application. (Such as letters of recommendation or testimonials)	<input type="checkbox"/>

**Applicants declaration:**

The person who prepared this application **and** the Chairperson/ President of the organisation must both sign the following declaration:

- We have authority to commit our organisation to this application;
- We declare that the information provided in this application is accurate, true and correct;
- Any further information requested or supplied will also be accurate, true and correct;
- We accept that any decision made by the Catholic Caring Foundation is final;
- We accept that no reason will be given for the Foundation's decision and nor will any correspondence be entered into;
- If our application is successful we will supply to the Catholic Caring Foundation a copy of our trust deed/constitution rules/charter;
- If our Application is successful we agree to provide any reports requested by the Foundation within agreed time frames;
- If our Application is successful we agree to promote our partnership with the Catholic Caring Foundation where appropriate including but not limited to website visibility, media releases etc.

Signed for and on behalf of our Organisation:

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

**Privacy:**

- Access to the information you provide is restricted to the Board and staff of the Catholic Caring Foundation and those other parties that may need to be consulted during the process of researching and providing funding;
- Personal information that you may provide about individuals will be used only to assist with the administration and assessment of this application unless we have first obtained prior written consent from the persons involved;
- The names of Grant Recipients will appear in publicly available information.

**FOR OFFICE USE:**

**Database ID #:**

**Copies provided of [Check]**

Financial Accounts for last year		Letter from parent organisation confirming support of project if affiliated	
Original pre-printed deposit slip		Copy of minute/resolution	
Copy of Charities Commission summary and or Certificate of Incorporation		Constitution Rules/Trust Deed/Charter (signed) <i>only required if successful grant applicant.</i>	