

ANNUAL DONATION ROUND APPLICATION FORM

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PLEASE COMPLETE ALL FIELDS

1. ORGANISATION

What is the Registered or Full Legal Name of Your Organisation?

2. ORGANISATION ADDRESS

a) Postal Address

b) Street Address

Website:

3. PRIMARY CONTACT PERSON

Mr/Mrs/Ms/Other

First Name

Last Name

Daytime Phone

Evening Phone

Position/Title

Email

4. PROJECT OVERVIEW

What will the donation be used for? Please give a brief overview of your project.

Amount Requested \$

GST INCL

GST EXCL

Is your organisation GST registered?

Yes

No

Does your organisation have IRD Charitable Status?

Yes

No

If YES to either, please supply IRD number

Is your organisation registered with the Charities Commission?

Yes

No

If YES, please provide your Charities Commission Registration No

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5. GOVERNANCE DETAILS

Who are your organisation's chairperson, secretary and treasurer?

Officer 1	Officer 2	Officer 3
Name:	Name:	Name:
Phone No.	Phone No.	Phone No.
Position	Position	Position

6. ORGANISATION DETAILS

When was your organisation formed? _____

Are you affiliated to a national organisation?

Yes No

If yes, what national organisation are you affiliated with? _____

What is the main area you operate in?

Wairoa Napier Hastings Central Hawkes Bay
 Other (please specify) _____

Briefly describe the aims of your organisation

We need a short description of your organisation's reasons for operating. Your mission and vision are good statements to use here.

What is your legal status?

Incorporated Society Charitable Trust Company School
 Tertiary Organisation Not a legal entity Other (please specify) _____

How many Full Time Equivalent (FTE) employees currently work for your organisation? _____

How many volunteers work for your organisation? _____

How many people did you help in the last 12 months? _____

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7. PROJECT INFORMATION

Please tell us about your project. You may attach a supporting document if you need more space. You may want to include the history of your organisation, strategic plan, logic model and evaluation plan in a separate document.

Project Name

Project Description. How will the donation be used?

Briefly describe the challenge the project will address. What are the expected outcomes? Is there evidence or best practice guidelines to support your application?

When will the project start? What are the key milestones?

When will the project be finished?

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7. PROJECT INFORMATION (Cont.)

How will you measure the outcomes of your project?

How will your project or intervention be sustainable after the donation period has ended?

8. COSTS

Please provide a budget for your project	Amount (\$)
GST is <input type="checkbox"/> Included <input type="checkbox"/> Excluded	Total Costs \$

9. OTHER FUNDING SOURCES

If the donation requested will not cover the whole cost of the project, please tell us how you plan to fund the rest of the costs (e.g. fundraising, service user charges, Lotteries etc). Is any of that funding confirmed yet?

Funding Source(s)	Confirmed? Y/N	Decision date	Amount (\$)
<i>This application</i>			
Total Costs			\$

How will you manage any shortfall?

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10. YOUR ORGANISATION'S FINANCIAL DETAILS

Tick the box if you have attached your audited/reviewed annual accounts for the most recent financial year
If you are not attaching your audited/reviewed accounts, please explain why.

Were these audited/reviewed annual accounts presented at your last AGM?

Yes No

If your organisation does not have audited/reviewed financial accounts a copy of your latest Income and Expenditure is acceptable.

Do you anticipate any material change in your organisation's financial circumstances in the next 12 months?

Yes No

If you answered yes, please explain

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Tagged Funds

Some organisations are saving for an expensive item, capital project or contingency. If you have reserves that are being tagged for such a purpose, please tell us.

Description	Amount (\$)
Total tagged funds	\$

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11. DECLARATION

- I declare that I am authorised to submit this application on behalf of the organisation
- I declare that any donation received following this application will be used for the project for which it was approved
- I authorise the Royston Health Trust Board to use this information for the purposes of administration of this application
- I declare that the information provided is correct and true to the best of my knowledge
- I declare that the organisation will not accept funds (double dip) from another funder to pay for the same services/items
- I declare that the annual accounts included were presented at our most recent AGM
- I declare that the organisation will complete all documentation required by the Trust as it relates to this application
- I acknowledge that any decision made by Royston Health Trust Board is final and no reasons for the decision will be given nor correspondence entered into.

I agree with the declaration stated above and, for and on behalf of my organisation Yes

Your Name _____

Position in the Organisation _____

Signature _____

12. ATTACHMENTS

Please include the following with your application (if applicable).

- Annual accounts incl. notes; and review/audit report if applicable
- Quotes for items to be purchased
- Confirmation of other funding raised
- Rules, Constitution or Trust Deed
- List of your current Trustees
- Income and expenditure statement for part year and inaugural minutes (if operating for less than 12 months)
- Income tax exemption letter from IRD if applicable
- Certificate of Incorporation/Certificate of Registration as a Charity
- A copy of the resolution/minutes of the committee or board meeting to apply for this donation
- Bank deposit slip

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PLEASE RETURN YOUR COMPLETED APPLICATION FORM AND SUPPORTING INFORMATION TO:

Royston Health Trust Board

PO Box 46

Hastings, 4156

Please forward enquiries to:

Name: Stuart Signal

Email: applications@roystonhealthtrust.co.nz

Telephone: 06 878 7004