

# **North Shore Fund**

# **Full Application Form**

Please make sure you read the guidance notes before completing the application form.

Applications close 5pm, Thursday 10 August 2017

## Organisation details

Name of Organisation:			Date:		
Charities Commission Registration #					
Postal Address:					
Street Address:					
Contact Person:		Position:			
Phone:		Fax:			
Email:		Website:			
No. of employees (FTE)					
Volunteer hours (approx per week)					
Initiative Name:					
Amount Requested:	\$				
Grant purpose					
Tell us all about your project: What is the need? How to do you plan to address this and who will benefit?					

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Community Links					
Please tell us about 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 Pro	gress				
How do you plan to measure the results?					
Please specify <b>UP TO FIVE</b> 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.					
Outcomes Aimed For (difference to be made)	Indicators of Progress				

### Budget

Please attach a budget with a breakdown of costs for this initiative.

### Funding sources 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
	\$	
	\$	
	\$	

### Supporting information checklist

Please make sure y	zou have	included	all of	the follo	wing sur	nnorting	information	with vou	r application.
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	Charities Commission Registration number
	Budget for this initiative
	Copy of your latest annual accounts
П	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.
- We agree that any grant made will be used for the purposes specified in our application. In the
  event that we cannot comply with the conditions of the grant 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.

# Organisation name: (This application needs to be signed by *two authorised members* of your organisation) 1. Name (print): Position: Date: 2. Name (print): Signature: Signature:

\_\_\_\_\_ Date:

For and on behalf of

Position:

### Please return this form to:

**Auckland Foundation** 

North Shore Fund Applications PO Box 139 Shortland Street Auckland 1140

or by email to:

nicola@aucklandfoundation.org.nz