

APPLICATION FORM

Please read through the Application Guidelines before completing this form.

BEFORE YOU START

- Applications can only be submitted using the Trust's application form. Additional information can be attached.
- Applications are accepted at any time by the Trust. Please note it will take at least two months for the Trust to process your application.
- We will not write to tell you we have received your application.
- Our decision on your application will be given to you in writing.
- You must complete all questions in the application form if your application for funding is for more than \$25,000. If you are applying for less than \$25,000 only complete questions 1 to 29.
- Only one donation may be paid to any organisation during a financial year (ending 31 March).
- If your organisation is not a legal entity you may only apply for a donation of up to \$1000.
- If you have any questions about your application please don't hesitate to contact us on 03 479 0994 or 0800 10 12 40.

YOUR DETAILS

1. Name of Organisation _____

2. Postal address, for correspondence

Street / PO BOX: _____

Suburb: _____

City: _____

Post Code: _____

3. Physical address of organisation

Street: _____

Suburb: _____

City: _____

Post Code: _____

4. Organisation Telephone _____

5. Organisation Web site _____

6. Contact Person First Name: _____

Last Name: _____

7. Position in organisation

Administrator Principal CEO Chair Secretary Treasurer Other _____

8. Phone Number Day: _____

Alternative (Home or Mobile): _____

9. E-mail address _____

The Otago Community Trust may send newsletters and notices by email. Please tick here if you **DO NOT** want to receive these.

ABOUT YOUR ORGANISATION

10. Explain the aims of your organisation.

11. Tell us about your organisation's background and history.

12. When was your organisation established?

Date: ___ / ___ / _____

13. How many employees do you have?

How many volunteers are there in your organisation?

14. How many members does your organisation have?

How many people do you estimate benefit from your service and/or activities?

If you are a school

What are your roll numbers?

What is your school decile?

Attach your latest Annual Financial Accounts and if available your Annual Report

ORGANISATION BANK ACCOUNT DETAILS

15. The donation will be paid into your organisation's bank account by direct credit. Please provide:

Account Name

Account Number

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Attach a pre-printed deposit slip or a copy of the bank verified account number.

LEGAL AND TAX STATUS

16. What is your legal status? Please tick the appropriate box.

- | | |
|--|---|
| <input type="checkbox"/> Charitable Trust | <input type="checkbox"/> Non constituted body. <i>Please note you may apply for up to \$1000.</i> |
| <input type="checkbox"/> Territorial Local Authority | <input type="checkbox"/> Incorporated Society. <i>(Please provide your Incorporation No. _____)</i> |
| <input type="checkbox"/> State Funded Education entity | <input type="checkbox"/> Charitable Company. <i>(Please provide your Incorporation No. _____)</i> |

17. What is your income tax status? Please tick the appropriate box.

- | | |
|--|---|
| <input type="checkbox"/> Taxable Body | <input type="checkbox"/> Non profit organisation |
| <input type="checkbox"/> Charity <i>(Includes a State Funded Education Body)</i> | <input type="checkbox"/> District Improvement Society |
| <input type="checkbox"/> Amateur Sports Body | <input type="checkbox"/> Friendly Society |
| <input type="checkbox"/> Scientific or Industrial Research Organisation | |
| <input type="checkbox"/> Other for example a Local Authority _____ | |

Provide a copy of your Charities Commission Certificate or a letter confirming your income tax status from the Inland Revenue Department. (This is NOT the organisations IR15RWT certificate.)

If applicable, what is your Charities Commission Number? _____

18. Provide your organisation's Inland Revenue Department Number.

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19. Is your organisation registered for GST?

YES NO

(If your organisation is registered for GST please DO NOT include GST in your project costing.)

PROJECT FINANCES

As a guide, the more funds you have already raised or have available at the time of your application, the better your prospects are for a donation from this Trust. If the cost is based on estimates or quotes attach copies, also attach your budget if you have one.

23. What is the total cost of your project

\$ _____

If your organisation is registered for GST, please do not include GST in your amounts.

24. What amount are you requesting from the Otago Community Trust?

\$ _____

25. What is the total amount of funds you have raised to date?

\$ _____

26. What is your shortfall? \$ _____

27. How will you raise the shortfall?

Note if you have not yet started fundraising you may be applying to us too soon.

28. List all grants and donations that you have applied for.

Note approved amounts should be included in the total amount of funds raised to date Question 25.

WHERE	AMOUNT REQUESTED	IF APPROVED – HOW MUCH	IF NOT APPROVED – WHEN YOU EXPECT TO HEAR
_____	\$ _____	\$ _____	/ /
_____	\$ _____	\$ _____	/ /
_____	\$ _____	\$ _____	/ /
_____	\$ _____	\$ _____	/ /

29. Reserve Funds

If you have funds put aside for any reason, explain why they cannot be used for this project

PROJECTS REQUESTING MORE THAN \$25,000

If the donation requested is less than \$25,000 please disregard questions 30 to 39 and go directly to the APPLICANTS DECLARATION

30. Explain how this project will make a difference to your community or group.

Describe what will change, and what result or outcomes you are expecting.

31. List any other groups providing a similar service.

Demonstrate how your group differs and how your service is unique.

32. Provide any evidence of community need and support, if appropriate.
Include a description of the volunteer contribution to your project.

33. Does your organisation receive funds from local or central government? YES NO

If yes specify amounts and contract details.

34. Do you need to get any permits or consents before you can start the project? YES NO

If yes, at what stage in the process are you at?

35. Have you completed a feasibility study for your project? YES NO
If yes, enclose a copy

Does your organisation have a business or strategic plan YES NO
If yes, enclose a copy

36. If your project includes building or development on land, does your organisation own the land? YES NO

If not who owns the land?

37. If your project includes the refurbishment, extension or development of a building does your organisation own the building?

YES NO If not who owns the building?

38. Does your project have historical significance? YES NO

State whether your application includes changes to buildings listed by the NZ Historic Places Trust or included in a Territorial Authority District Plan.

39. How will you know whether your project has been a success?

APPLICANTS DECLARATION

We confirm that this application has the formal approval of our controlling Board/Committee and:

- To the best of our knowledge the information provided in this application is true and correct;
- We accept that details of any donation that the Trust makes will be made public;
- We acknowledge that any decision made by the Trust is final and accept that no reasons for such a decision may be given nor any correspondence entered into;
- We accept that our organisation will be accountable for any donation made, which will be used for the purposes specified in our application or as directed by the Trust;
- This application will contain information about individuals and we are required to handle that information in accordance with the Privacy Act 1993. Accordingly the Trust confirms that:
 - a. the collection of information is not required by law.
 - b. for the Trust to be able to process the application, specific information about individuals is needed.
 - c. the applicant always has the right to correct any information supplied.

Please visit our web site to view the Trusts Privacy Statement www.oct.org.nz

- We acknowledge that this application contains personal information about individuals. This information will be held by the Trust for the purposes of assessment of an application for a donation, publication of the results of approved donations and for reference in connection with compliance, monitoring or donations and any future applications by the applicant. Information, including personal information, may be shared with other agencies or persons in assessing the merit and worthiness of this application.
- We acknowledge and agree that any photographs we provide in connection with a donation may be used by the Trust in publicly reporting on its donation activities.

For and on behalf of the organisation

Name	Name
Position	Position
Signature	Signature
Date	Date

CHECKLIST

Check you have

<input type="checkbox"/> YES	Answered all the questions
<input type="checkbox"/> YES	Included a pre-printed deposit slip or copy of the bank verified account
<input type="checkbox"/> YES	Completed the applicants declaration with two signatures
<input type="checkbox"/> YES	Included Charities Commission Certificate or IRD income status letter NOT IR15RWT certificate
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Included your latest annual financial accounts
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Included your Annual Report
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Included your full project budget
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Included your Feasibility Studies
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Included your Business and/or Strategic Plan
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Any additional information and/or letters of support.

THE OTAGO COMMUNITY TRUST

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Toll Free 0800 10 12 40
Fax: 03 477 1869

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