

# Grant Application for Organisations

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## A Guidelines for organisations

Grants are available to organisations registered with the Companies Office or Charities Commission.

The grant must primarily benefit people living with Cerebral Palsy in New Zealand.

No retrospective funding will be considered.

Items normally funded by Government will not be considered.

Grant value is up to a maximum of \$3000.

## B Type of membership

Registered name:

Type of organisation:

Comp. or Charities reg. number:

Name of person filling out application form:

Position of person filling out form:

## C Contact information for queries and notification purposes

Mailing address:

Phone: (      )

Mobile

Email:

Website

## D Funding request

Amount of funding sought:

Does amount include GST?

Yes / No

\$

Suppliers quotation(s) and/or business case attached? Yes / No

Explanation of what grant is for and how it will benefit people with Cerebral Palsy: (use reverse of this sheet if insufficient space below)

## E Beneficiaries of grant

Estimate total number of people who will benefit from this grant:

Estimate number of people with Cerebral Palsy who will benefit:

Please comment on population who will benefit from this grant:

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## F Other funders approached

Have applications to other funders been made for what is being sought in this application?

Yes / No

Please give details regarding your answer:

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## G Government funding

Does the NZ Government provide funding for what is being sought?

Yes / No

Please give details regarding your answer:

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## H Organisations accounts

Please attach the most recent financial accounts for the organisation. Financial accounts attached?:

Yes / No

(If they are not audited accounts please give explanation)

Explanation/comments:

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## I Declaration

I, the undersigned, declare:

That to my knowledge the information supplied is true and accurate.

That the organisation seeking this grant has authorised this application.

That if successful, the organisation agrees that :

- the funds granted will be spent only for that purpose stated in this application.
- if funds turn out to be in excess of requirements, then this excess will be returned.

That I am authorised to make this declaration on the organisation's behalf.

Signature:

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Date:

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Name:

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Position:

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## General information

Applications are usually considered on a monthly basis (except January), with notification shortly thereafter. If successful the Society prefers to pay suppliers directly. The Society may specify conditions under which the funding is given. These will be conveyed to the organisation for agreement, prior to funding being given.