

# 2012 MULTI-YEAR DONATION APPLICATION



**TRUST WAIKATO**  
TE PUNA O WAIKATO

## Downloadable Form

You will need to save a copy of this form on your computer before you begin working in it. On completion, you must print the form, sign it and return it to our office before the closing date.

## Our vision is for resilient and vibrant communities Ko tō mātou moemoea kia tipu, kia hua ngā hāpori

Trust Waikato helps organisations carry out charitable, cultural, philanthropic and recreational work which is of benefit to people in the greater Waikato area, including Coromandel, Hauraki Plains, Matamata, Ohinemuri, Otorohanga, Piako, Raglan, Taumarunui, Thames, Waikato, Waipa, Waitomo and all cities and towns in these areas.

### ORGANISATION

#### ORGANISATION AND LEGAL STATUS

We need your full legal name as shown on your bank account, trust deed or constitution.

1 What is the official name of your organisation?

2 Select one of the following categories that best describes your organisation's status. (please tick)

<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Incorporated Society	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Local Authority
<input type="checkbox"/> Maori Reservation	<input type="checkbox"/> Company	<input type="checkbox"/> Not a legal entity	<input type="checkbox"/> Other

3 If your organisation is registered with the Charities Commission, please advise the registration number.

4 When was your organisation formed?

5 Is your organisation controlled by any other organisation? If yes, please specify.

6 Is your organisation affiliated with another organisation? If yes, please specify.

#### 7 POSTAL ADDRESS

#### PHYSICAL ADDRESS (if different from postal address)

Street/PO Box

Suburb

City/Town

Postcode

Street

Suburb

City/Town

Postcode

Telephone (Day)

Email

## CONTACT PERSON AND PRINCIPAL OFFICERS

Please identify one appropriate person who can be contacted by Trust Waikato, regarding your application, and up to three officers.

*Make sure the contact person knows about the application and project you are applying for.*

### 8 PRIMARY CONTACT

First name	Last name	
Position	Email	
Telephone day	Telephone evening	Mobile

### OFFICERS

First name	Last name	
Position	Email	
Telephone day	Mobile	

First name	Last name	
Position	Email	
Telephone day	Mobile	

First name	Last name	
Position	Email	
Telephone day	Mobile	

## ORGANISATION LOCATION AND SERVICE AREA

9 Where is the main location of your organisation?

10 Where are the locations or closest towns of your services?

## ORGANISATIONAL PURPOSE

11 State your organisation's purpose and objectives.

*Your vision and mission are good statements to use here.*

## CULTURAL IDENTITY *(optional)*

12 Does your organisation primarily identify as: *(choose one)*    Maori    Pacific    Asian    Migrant    Refugee

## SERVICES/PROGRAMMES

13 What services and/or programmes do you currently provide?

## STAFF/VOLUNTEERS

14 Number of full-time staff     Number of part-time staff     Number of volunteers

15 What do your volunteers do?

## MEMBERSHIP

16 How many members belong to your organisation? *(if applicable)*   
(e.g. number of sport, recreation or club members, pupils)

17 How many people accessed your service over the past year? *(if applicable)*   
(e.g. clients, audience, public)

*Asian includes people with, for example, Chinese, Japanese, Korean, Malaysian or Indian cultural affiliations.*

18 The table below lists the main ethnic groups in our region. Please estimate the number of members and/or clients you serve.

	NZ European	Maori	Pacific	Asian	Other ethnic	Don't know	Total
Members/Clients	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

19 Please estimate the number of members and/or clients you serve in the following age groups.

	Children 12 years and under	Youth 13 – 19 years	Adults 20 – 64 years	Seniors 65 years and over	Don't know	Total
Members/Clients	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## ORGANISATION FINANCES

### FINANCIAL DETAILS OF YOUR ORGANISATION AS A WHOLE

#### INCOME

20 What are your usual sources of funds?

*We want to understand how you fund your operations. For example: other trusts, grants, membership fees, ticket sales etc.*

FINANCIAL SUMMARY FROM THE LATEST ANNUAL FINANCIAL STATEMENTS *(Please also provide a copy.)*

21 Summary for financial year ending

Income \$     Expenses \$     Surplus (deficit) \$

Current funds in hand (total bank balance) \$     at

## TAGGED FUNDS

22 Indicate if any funds are tagged for specific purposes.

Description	Amount \$
Description	Amount \$
Description	Amount \$

## FINANCIAL CHANGES

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

YES NO If yes, please explain.

## ACCOUNTABILITY

24 If you received a Trust Waikato donation in the previous year, please detail what it was for, how it was spent and the benefit to the community. For larger donations provide a report.

Amount received \$

*Your accountability should be relative to the size of your donation.*

## PROJECT

25 Is another organisation acting as an umbrella for your application? If yes, please specify.

## DONATION REQUEST

26 What are you seeking this donation for? Additional details may be provided for new or major projects, eg: feasibility studies, business plans, budgets, quotes.

Amount requested \$

27 Do you want your donation application to be extended for 2 or 3 years?

28 What are your organisation's plans for the next 2 or 3 years?

29 How will a multi-year donation assist your organisation?

30 How does your application fit with the areas of focus of Trust Waikato?

## COMMUNITY BENEFIT

31 What will be the benefits of your project? Who will benefit? How many people? How will they benefit?

## PROJECT DATES

32 When will your project start and finish? *(if applicable)*

Start date

End date

## FINANCIAL DETAILS OF THE PROJECT

33 If you are registered for GST do not include GST in these costs. Round figures to nearest dollar. If applicable, provide quotes, budgets etc.

Cost items <small>(description of project costs)</small>	\$ Cost	Funding source <small>(how you plan to fund the project)</small>	\$ Amount	Confirmed <small>Tick if funding is confirmed.</small>
<b>Total A</b>	\$	<b>Total B</b>	\$	

Total cost of project (A)

\$

Less other funds for project (B)

\$

= Amount applied for to Trust Waikato

\$

*We really need to know how you plan to fund the whole project.*

## ATTACHMENTS/DECLARATION

34 The following information needs to be provided with your application

*(please tick)*

ENCLOSED

OFFICE USE

A copy of your latest bank statement for each account

The most recent audited financial statements

The Chairperson's Report from the last Annual General Meeting

Accountability: a copy of reports/receipts regarding Trust Waikato previous donation *(if applicable)*

Printed bank deposit slip for the account to be credited

*Do not send your constitution or trust deed or employment agreements.*

**TRUST WAIKATO PROMOTION**

35 How did you learn about Trust Waikato’s donation round?

- Newspaper      Radio      Internet      Email from Trust Waikato      Word of mouth      Letter/mail-out  
 Funding workshop / Expo      Other

**ORGANISATION AND PERSONAL INFORMATION (PRIVACY ACT 1993, UNSOLICITED ELECTRONIC MESSAGES ACT 2007)**

Note: Organisations and individuals have the right to check and correct any personal information held by Trust Waikato.

Organisation and personal information collected will be held by the Trust for the purposes of assessing applications and may be shared with other parties in the process of assessing the application or in publishing the results of approved donations.

36 Please tick to show that you either agree or disagree with your organisation and personal information being used for the following purposes:

Agree	Disagree	Organisation and Personal Information Use
		for subsequent mailing (postal or electronic mail) of Trust Waikato information to me and/or my organisation,
		to be used for research purposes as approved by the Trust Privacy Officer,
		to be sent information on behalf of other agencies which, in the opinion of the Privacy Officer, is relevant to my organisation.

The full Privacy Policy is set out on our website [www.trustwaikato.co.nz](http://www.trustwaikato.co.nz)

**DECLARATION**

37 IN MAKING THIS DONATION APPLICATION I DECLARE THAT:

1. I am authorised to do so.
2. To the best of my knowledge all key information has been disclosed, and all information in the application is true and correct.
3. Any donation received will be used for the project for which it was approved.
4. The organisation will comply with any reasonable request from Trust Waikato to monitor performance and accountability.

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

Name	Position in your organisation
Signature	Date

**Please return this application form by 4.30pm on:  
 Friday 17 February 2012 | Friday 22 June 2012 | Friday 21 September 2012**

Post: **The Chief Executive, Trust Waikato, PO Box 391, Hamilton 3240.**  
 Hand deliver: **Trust Cottage, next to Trust House, 2 London Street, Hamilton.**

**Emailed, faxed and late applications will not be considered.**

If you have any queries concerning this application call us on 07 838 2660, freephone 0800 436 628, or email [twinfo@trustwaikato.co.nz](mailto:twinfo@trustwaikato.co.nz).



**TRUST WAIKATO**  
 TE PUNA O WAIKATO

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[www.trustwaikato.co.nz](http://www.trustwaikato.co.nz)

invest  
wisely

donate  
effectively