

2012 SINGLE-YEAR DONATION APPLICATION



TRUST WAIKATO
TE PUNA O WAIKATO

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

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

ORGANISATION AND LEGAL STATUS

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)

- Charitable Trust Incorporated Society Educational Institution Local Authority
 Maori Reservation Company Not a legal entity 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

Street/PO Box
Suburb
City/Town
Postcode

PHYSICAL ADDRESS (if different from postal address)

Street
Suburb
City/Town
Postcode

Telephone (Day)	Email
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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"/>

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

ORGANISATION FINANCES

FINANCIAL DETAILS OF YOUR ORGANISATION AS A WHOLE

INCOME

20 What are your usual sources of funds?

FINANCIAL SUMMARY FROM THE LATEST ANNUAL FINANCIAL STATEMENTS *(Please also attach 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 \$
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, attach 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, e.g. feasibility studies, business plans, budgets, quotes.

Amount requested \$

COMMUNITY BENEFIT

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

PROJECT DATES

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

Start date / /

End date / /

FINANCIAL DETAILS OF THE PROJECT

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

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

30 The following information needs to be attached to this application (please tick)

	ENCLOSED	OFFICE USE
A copy of your latest bank statement for each account	<input type="radio"/>	<input type="radio"/>
The most recent financial statements (with audit report, if audited)	<input type="radio"/>	<input type="radio"/>
The Chairperson's Report from the last Annual General Meeting	<input type="radio"/>	<input type="radio"/>
Accountability: a copy of reports/receipts regarding Trust Waikato previous donation (if applicable)	<input type="radio"/>	<input type="radio"/>
Printed bank deposit slip for the account to be credited	<input type="radio"/>	<input type="radio"/>

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

TRUST WAIKATO PROMOTION

31 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.

32 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
<input type="radio"/>	<input type="radio"/>	for subsequent mailing (postal or electronic mail) of Trust Waikato information to me and/or my organisation,
<input type="radio"/>	<input type="radio"/>	to be used for research purposes as approved by the Trust Privacy Officer,
<input type="radio"/>	<input type="radio"/>	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

DECLARATION

33 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.



TRUST WAIKATO
TE PUNA O WAIKATO

invest
wisely

The Waikato Community Trust (Inc), 2 London Street, PO Box 391, Hamilton 3240
Tel 07 838 2660 Fax 07 838 2661 Freephone 0800 436 628 Email twinfo@trustwaikato.co.nz

www.trustwaikato.co.nz

donate
effectively