



te kaunihera ā-rohe o
matamata-piako
district council

Application for Grant

The Dr Lawrence Memorial Trust and the Laurie and Elsie Mackie Memorial Trust

NOTE: All fields in this application form are mandatory. Incomplete applications or applications that don't include all required supporting documents as set out in the checklist, will not be considered for funding. If you would like to meet with one of our staff to check your application for completeness prior to submitting it, we are happy to do so. Please phone 0800 746 467 to book an appointment.

1. Applicant details

Name of applicant/community group: _____

Email: _____

Postal address for correspondence to be sent: _____

Physical address of the organisation: _____

Phone: _____

What is the purpose or main activity of the organisation? _____

Please give the name and telephone contacts for two people who can help us if the assessment committee require more information. Under the Privacy Act (1993) consent from these people must be given before their details are recorded here:

Name: _____

Phone: _____

Name: _____

Phone: _____

2. Please Complete if Applying as an Organisation (if applying as an individual skip to section 3):

If your organisation is a membership organisation, how many members/people does the organisation serve? _____

Is the organisation registered for GST? Yes No

How long has your organisation/group been in active operation? _____

Is your organisation: an incorporated society a charitable trust
 an incorporated body other: _____

Income:

Please outline below how you intend to fund the activity or project you are requesting funding for.

Donated materials	\$ _____
Cash in hand for the project	\$ _____
Loans/mortgage/debenture	\$ _____
Charge to participants/membership subscriptions	\$ _____
Other sponsorship/grants <i>(please specify below)</i>	\$ _____
Intended fundraising <i>(please provide an estimate)</i>	\$ _____
Expenditure on project to date	\$ _____
Other <i>(please specify):</i> _____	\$ _____
Total funds available/expected (B)	\$ _____

Please specify the amount of funding requested. The total cost of the activity or project (A), minus total funds available (B), will generally equal the amount requested (D). Organisations not registered for GST should include GST with their estimates.

A. Total Cost of Project	\$ _____
B. Total Funds Available	\$ _____
C. Balance Required	\$ _____
D. Amount Requested	\$ _____

If the Amount Requested (D) is different to the Balance Required (C), please explain: _____

If you have applied to any other organisation(s) for grants for this project, please specify to whom and how much.

Organisation(s)	Amount Requested	Amount Received
Creative New Zealand	\$	\$
Matamata-Piako District Council	\$	\$
New Zealand Lotteries Grant Board	\$	\$
Pub Charities	\$	\$



5. Declaration

I hereby declare that the information supplied here on behalf of our organisation is correct. If the application is successful, my organisation agrees to participate in any funding audit of my organisation conducted by the local authority.

I consent to the Dr W R Lawrence Memorial Trust Board and/or Laurie and Elsie Mackie Trust Board collecting the personal contact details provided above, and retaining and using these details for the purpose of reviewing the administration of the Trust Boards. I undertake that I have obtained the consent of the other contact person(s) to provide these details. We acknowledge our right to have access to this information. The consent is given in accordance with the Privacy Act 1993.

Name: _____

Position in Organisation: _____ Date: _____

Name: _____

Position in Organisation: _____ Date: _____

Bank Account Number - - -

Bank Branch Account Number Suffix

Please return your completed application to:

Matamata-Piako District Council
PO Box 266,
Te Aroha 3342

As per guidelines set by the Charities Commission, grant money can only be paid out after we have received from you an invoice, receipt or written notice of intent from the supplier of the goods.

Office Use Only

File Reference: _____

Document Number: _____

Acknowledged: _____

Approved/Declined: _____

Date Received