

HOSTEL OF THE HOLY NAME TRUST

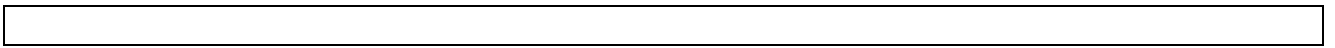
Application for Funding

IMPORTANT INFORMATION:

- a) There are two funding rounds each year. The closing dates for applications are **31 March** and **30 September**. Applications must be received by 5pm on these dates at the latest.
- b) If an organisation has unused funds from a grant previously awarded by the Trust, a new or subsequent funding application will not be considered until all funds are utilised and an Accountability Report has been submitted.
- c) The **official Application for Funding form** must be used and it must be signed by an authorised person.
- d) An **official bank deposit slip** for the organisation must be supplied.
- e) **Supporting documentation**, including a budget, must be attached for your application to be eligible.
- f) The application process takes approximately **three months** from receipt of applications. Communication regarding applications will be made via email, or by post if no email address is provided.
- g) All successful applicants will be required to submit an Accountability Report within 12 months (or earlier) of receiving grant funds.

ORGANISATION DETAILS

Legal Name:			
Physical Address:			
Postal Address:			
Telephone:			
Website (if any):			
Organisation Type:	<input type="checkbox"/> Charitable Trust <input type="checkbox"/> Incorporated Society <input type="checkbox"/> Ministry group <input type="checkbox"/> Affiliated to another Body, please specify: _____ <input type="checkbox"/> Archdeaconry group <input type="checkbox"/> Other, please specify: _____		
Contact Person Details:			
Name:			
Position:			
Telephone:	DDI:		Mobile:
Email:			
Mission Statement/Statement of Purpose of Organisation (<i>brief summary only</i>):			



FINANCIAL DETAILS

Amount requested:	\$ _____	Budget Attached: <input type="checkbox"/> Yes
Has this organisation applied to the Trust previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please provide details)</i>	Last accepted application: Date: _____ Amount: \$ _____ Accountability Report Completed <input type="checkbox"/> Yes
Are funds being applied for from any other sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please provide details)</i>	Details of other funding sources:
<i>Please attach an official bank deposit slip (on bank stationery) for the applying organisation. This will be used to deposit grant funds if they are awarded.</i>		

PROJECT DETAILS

*Please use additional pages to provide answers to the below.
 Supporting documents for the project, including the budget, must be attached to this form.*

General description of project:
Who is expected to benefit from this project?
State specific purpose funds will be used for (please attach Budget):

I, _____ (contact person) agree the information provided is true and correct
 and I am authorised to apply for funding on behalf of
 _____ (organisation).

Signature: _____ Date: _____

PLEASE EMAIL YOUR APPLICATION FORM AND ALL SUPPORTING DOCUMENTS TO:
 Hostel of the Holy Name Administrator - Email: hosteloftheholynome@auckland.org.nz
(alternatively applications can be posted to - PO Box 37242, Parnell, Auckland, 1151)

Hostel of the Holy Name Admin Use Only:

Application No: _____

Date Received: _____ Signed: _____

Legal Status Checked: Yes No