



The Tindall Foundation Application Form 2024

Anglican Care Network acts as a Local Donation Manager for The Tindall Foundation, a philanthropic family foundation working throughout Aotearoa to support families, community and the environment. We are what's called a Faith Donation Manager meaning that we dis tribute donations on behalf of TTF to projects and initiatives that support TTF's Family/Whānau Focus Area. We suggest you view their website tab Family for more information about this focus area https://tindall.org.nz/family/along with viewing their video https://vimeo.com/335037391

Applicant Details					
Name of Organisation:	:			Diocese:	
Legal Status:		Char	ities Commissi	on Registration #	
Postal Address:					
Street Address:					
Contact Person:			Position:		
Phone:			Email:		
Is the organisation GST registered?		Website:			
Initiative Name:					
Amount Requested: (Maximum \$15,000 for three years)	\$	per annum for		years	
Bank Account Name:					
Account Number:					

About your organisation
What is the main purpose of your organisation and what are your key activities?
Who is your organisation mostly trying to help or support?
Gender Equality
Please describe how your organisation through its work, structure, and/or internal policies promote gender equality.
Please describe how your organisation, through its work, structure, and/or internal policies promote diversity and inclusion?
Months & Balleut
Kaupapa Māori
Please describe how your organisation works in a Kaupapa Māori way.

hat areas of delivery do you work in	n?		
low is your organisation supported b	y or endorsed by t	he Māori commun	ity?
nitiative			
nitiative name:			
ell us about your initiative: Why the hrough this initiative and plans you h		rill benefit, what yo	ou are intentionally doing
	_		
ell us about the key people, organisa	ations, and networ	ks involved in this	initiative.
		-	
start date:		End date:	

Please describe what are you requesting the donation for? (e.g. Administration and operational expenses such as wages, salaries, rent etc. Capital assets other than buildings. Loans or investment. Materials, office equipment, consumables and supplies. Project/programme costs. Promotional expenses and materials. Volunteer expenses and supplies).
In what locality/suburbs will this project take place?
The Tindall Foundation priorities particular ways of working. Tell us how your initiative fits within those priorities – family/whanau.
Outcomes

Outcomes

We understand you wish to carry out this initiative to make a difference. We are interested to know how you are going to go about achieving this, including what outcomes you are planning to achieve, the actions you will undertake to achieve these outcomes as well as identifying how you will measure your success.

Please complete the following table giving specifics. It is important to note that if funding is approved you will be asked to report on this. Be sure to think about these outcomes carefully. Initial approval of funding and the monitoring of the effectiveness of your initiative can be based on what you state here. (Other conditions may also apply.)

Tell us what you are trying to achieve through this initiative*

What are you trying to achieve?	How will you achieve this?	How will you measure your success?

Please give us examples of the will result from your initiative	impact and changes for participan	ts/communities/environment that
Initiative Budget		
Please complete the budget be your initiative for each year your income and the total costs ov	alance sheet below by entering the ou request a donation from us. Balaner all years by entering a single 'shononey values without \$ sign, letters	nce your budget between the total ortfall' or 'surplus' line item of the
	not include GST and beneficiaries of I Foundation in their GST returns to	
Expense description	Year (NZ\$)	
	1 501 (1124)	

Total

Requested from The Tindall				
Foundation				
Total				
ave you received Tindall fun etails.	ding for this initiati	ve in the last thre	e years? If yes, plea	ase provid
ave you received governme	nt funding for this	initiative in the la	ast three years? If	yes, pleas
rovide details.	0		,	,, [
low will this initiative be fund	ed after this donati	on has ended?		
lave there been any changes	to your financial s	ituation since you	ır last annual accou	nts? If ye
lease provide details.				

Year

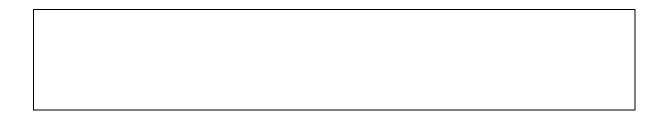
Amount NZ\$

Confirmed?

Decision Date

Income Sources

Do you anticipate any material changes to your current funding and/or expenditure? If yes, please provide details.



Please note that The Tindall Foundation may contact you for further information to proceed with your request.

Attachments

Please attach the following:

A recent copy of Bank Statement or Bank Deposit Slip.

A scanned copy of a bank deposit slip or statement showing the name of your organisation and bank account number. The names on the bank deposit slip or statement need to match your organisation's name. If they are different, evidence needs to be to be included showing that the names are the same organisation.

A copy of your latest income and expenditure report and balance sheet as reported to your Trustees (please note this may or may not be your most recent Annual Accounts).

Additional information e.g. project plan, detailed budget, business case, sustainability plan, research or evidence to support the application, etc.

Please email completed application form to funding@aucklandanglican.org.nz and to anglicancarenetwork@gmail.com

Date required: Friday 6 September 2024