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 **1 March** and **1 September**. Applications must be posted or emailed by 5pmon 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) **Official proof of bank account** for the organisation must be supplied. This may be either:
A copy of the account deposit slip, if you have one,
OR: A screenshot of the bank account which includes account name, number, and bank logo,
OR: The header section of a bank statement which includes account name, number and bank logo.
(Note: please delete or crop any confidential details such as account balances before forwarding.)

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:	❒ Charitable Trust ❒Incorporated Society ❒ Ministry group ❒ Affiliated to another Body, please specify: _____ ❒ Archdeaconry group ❒ Other, please specify: _____			
Contact Person Details:				
Name:				
Position:				
Telephone:	**DDI:**		**Mobile:**	
Email:				

Please detail your organisation's link to the Anglican Diocese of Auckland, Te Pīhopatanga o Te Tai Tokerau, and The Diocese of Polynesia in Auckland:

Mission Statement/Statement of Purpose of Organisation *(brief summary only)*:

FINANCIAL DETAILS		
Amount requested:	**$**	**Budget Attached:** **❒Yes**
Has this organisation applied to the Trust previously?	**❒Yes** **❒No** ***(please provide details)***	**Last accepted application:** Date: _____ Amount: $ _____ Accountability Report Completed **❒Yes**
Are funds being applied for from any other sources?	**❒Yes** **❒No** ***(please provide details)***	**Details of other funding sources:**

<u>Proof of the Organisation's bank account must be supplied with this application.</u>

This may be either:

A copy of the account deposit slip, if you have one,
OR: A screenshot of the bank account which includes account name, number, and bank logo,
OR: The header section of a bank statement which includes account name, number and bank logo.
(Note: please delete or crop any confidential details such as account balances before forwarding.)

This will be used to deposit grant funds if they are awarded.

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):*

APPLICATION CHECKLIST	✓
Completed official Application for Funding form and signed by an authorised person	
Project budget	
Official bank deposit slip	
Any other supporting documents	
Posted or emailed prior to cut off dates of each round	
Accountability Report submitted from previous grant(s) *if applicable*	

You will receive confirmation (email or phone) of your application. Please contact the Administrator if you do not receive confirmation within 48 hours of application closure date – 027 2400513.

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:hostelofthеholyname@aucklandanglican.org.nz
(alternatively applications can be posted to 12 St Stephens Ave, Parnell, Auckland 1052)

Hostel of the Holy Name Admin Use Only: Application No:_____

Date Received: _____ Signed: _____ Legal Status Checked: ❒ Yes ❒ No