**Application Form and Grants Checklist**

Please complete this form and email it to the Trust Secretary with the documents requested below.

|  |  |
| --- | --- |
| Application Number(For LPHT use only) |  |
| Name of organisation, with address and telephone number |  |
| Purpose of organisation |  |
| Reason for grant request  |  |
| Amount requested |  |
| How will you measure the effectiveness of the grant in improving the physical or mental health or spiritual welfare of the community or a section thereof? |  |
| Details of any other organisation approached for funding for this project /need |  |
| How did you hear about the Trust? |  |
| **Grants Checklist**Please ensure that the following documents are included with the application.  | * Annual accounts
* Officers of organisation
* Copy of bank deposit slip
* Project budget (if relevant)
* Project quotes (if relevant)
* Any other relevant information
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***PRIVACY STATEMENT***

*Any personal information provided to us by an organisation in connection with its application for a grant is used primarily to allow us to assess, fulfil, and monitor that application.*

*We may use or disclose this personal information for these, and other lawful purposes related to your application, but will only do so in accordance with the Lister Presbyterian Health Trust Privacy Policy and the Privacy Act 2020.*

*We will not retain your personal information for any longer than we have a lawful purpose to use it or a legal requirement to retain it.*

*Any individual whose personal information is provided to the Trust in connection with this application has the right to access or correct this information and can do so by:*

* *Calling us on 021 828 839,*
* *Emailing us at* *secretary@listerphtrust.org.nz* *or*
* *Writing to us at the Lister Presbyterian Health Trust, PO Box 33-276, Takapuna 0740*