**Application Form and Grants Checklist**

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

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| *APPLICATION NO:(For LPHT use only)* |  |
| **Organisation name:** | Click here to enter text. |
| **Charities Registration Number:** | Click here to enter text. |
| **Registered Address:** | Click here to enter text. |
| **Name of contact person:** **email**  **phone number** | Click here to enter contact name. Click here to enter email address Click here to enter text. |
| **What is the main charitable purpose of the organisation?***Please select up to 3 charitable categories.* | [ ]  Relieving poverty[ ]  Advancing education[ ]  Advancing religion[ ]  Other purpose beneficial to the community[ ]  Advancing physical health[ ]  Advancing mental health[ ]  Advancing spiritual welfare[ ]  Supporting charitable needs in old age, disability or homelessness[ ]  Other beneficial purposes, e.g., protecting the environment |
| **Amount requested:** | $ Enter amount. |
| **What are you seeking funding for?** *(50-word limit)**The Trustees prefer to provide targeted financial assistance (e.g., for a specific project or role) rather than meeting general administration or office costs.* | Click here to enter text. |

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| --- | --- |
| **How will a grant advance the physical or mental health or spiritual welfare of people residing in the North Shore and Rodney areas of Auckland?***(100-word limit)* | Click here to enter text. |
| **How many people residing in the North Shore and Rodney areas of Auckland will benefit if the application is successful?***(Reach)* | Click here to enter number of people |
| **If the application is successful, how will you measure and show the effectiveness of the grant in improving the physical or mental health or spiritual welfare of the target community or a section thereof?***(Impact)* | Click here to enter text. |
| **Details of any other organisation approached for funding for this project /need.** | Click here to enter text. |
| **What would be the consequences of not receiving the full amount requested?** **Could you still proceed?** | Click here to enter text. |
| **How did you hear about the Trust?** | Choose from drop-down list. |
| **Application Checklist***Please ensure that the following documents are included with the application.*  | [ ]  Annual accounts[ ]  List of Officers of organisation[ ]  Copy of bank deposit slip[ ]  Project budget (if relevant)[ ]  Project quotes (if relevant)[ ]  Any other relevant information |

***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*

Lister Presbyterian Health Trust

Grant application information

Grant criteria

The Trust makes grants for charitable purposes at the sole discretion of the Trustees.

The Trustees may make small grants to registered charities where the purpose of the grant is to advance the physical or mental health or spiritual welfare of people residing in the North Shore and Rodney areas of Auckland.

The Trustees may also assist individuals residing in the North Shore or Rodney areas of Auckland with a small grant if that grant will both relieve poverty and advance their physical or mental health or spiritual welfare.

Grants are limited to a maximum of $5,000 for a registered charity and a maximum of $3000 for an individual in any one year commencing on 1 July and ending on 30 June in the year following unless the Trustees in their sole discretion decide that an exception is justified.

The Trustees prefer to support charities that are working collaboratively, regionally, or locally, to address an otherwise unmet or poorly resourced health need in their community rather than providing support that will encourage unnecessary duplication of services.

The Trustees prefer to provide targeted financial assistance (e.g., for a specific project or role) rather than meeting general administration or office costs.

The Trustees look for evidence of the impact on health a grant will make and of the ability of the supported work to reach people in need and improve their health.

Grant applications

Applications must be made using the prescribed form – as applicable, either the INDIVIDUAL or the ORGANISATION application form.

Application forms can be obtained by emailing the Trust Secretary secretary@listerphtrust.org.nz or from the Trust website [www.listerphtrust.org.nz](http://www.listerphtrust.org.nz) .

Charities must ensure that they supply the documents listed in the “Grants Checklist.” Applications without these accompanying documents will not be accepted.

Individuals must provide the supporting evidence requested in the application form.

Grants are made quarterly, with applications closing at 5 pm on March 7, June 7, September 7, and November 7.

Successful applicants must provide evidence of receipt of funds and submit an accountability report within the specified period. Failure to provide this information may affect future applications.