**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*](mailto:secretary@listerphtrust.org.nz) *or*

*Writing to us at the Lister Presbyterian Health Trust, PO Box 33-276, Takapuna 0740*