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# ORGANISATION APPLICATION INFORMATION

The Fifeshire Foundation is a Charitable Trust. Our voluntary Trustees meet monthly to allocate grants to people living in the Nelson/Tasman region who are in **“hardship and/or domestic crisis”**. We also give grants to agencies that support local people in crisis. Please note that:

1. We never give out cash. Instead, we pay bills or purchase items on people’s behalf.
2. We consider applications based on evidence of need and people’s efforts to address a situation.
3. Applicants must include a copy of your organisations most recent financial accounts if this is not possible you will need provide an explanation and complete part 5 of this application.
4. Please enclose quotes, bills, payment information or invoices. We need these before our meeting.
5. You must be realistic in the amount you apply for. Each month we receive about 40 grants and have about $15,000 available.
6. We can offer interest-free loans (approx. $500 -$1,000). Please say if this is an option for you.
7. Applications must confirm that all other funding options have been explored and exhausted. You also need the signatures of 2 signatories from your organization to support the application.
8. We cannot consider incomplete applications, and will return these to the contact person.

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| Examples of things we can help with | |
| Organisations | Organisations that support people in financial and/or domestic hardship. Please contact us to discuss your needs before applying.  With completed applications, please provide 2 signatories from your organisation, a resolution from your committee and a copy of your most recent financial statements. |

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| Examples of things we cannot help with | |
| Car Repairs | We only pay vehicle costs such as rego and warrant when these are the only costs required to move forward. We don’t normally pay for vehicle repairs but may consider this under exceptional circumstances, such as when a legal requirement or to start work or study. |
| Advanced dental work | We cannot help with dental surgery and specialists’ costs. Dental decisions are made on a case by case basis. Public hospital treatment is not possible. |
| Organisations’ ongoing costs | We cannot help with organisations’ ongoing rent, power and wage costs. |

We meet on the second Friday of each month, and applications must be in by the 25th of the month before. Our application and meeting dates are on our website.

We’re unable to confirm applications are received. We will contact you with the result about one week after the meeting.

Please scan and email your application and any supporting documentation to [info@fifeshirefoundation.co.nz](mailto:info@fifeshirefoundation.co.nz)

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| **Our confidentiality declaration** |
| Your completed application will only be viewed by the Fifeshire Foundation Trustees and Manager.  The Trustees and Manager will keep confidential all information regarding applicants and their applications that is transferred verbally, in written and electronic form.  Where further information about the application is required, this will only be with the consent of the applicant, and for the purposes of considering the application.  Consent. By submitting this application, you consent to us consulting with support people, or any other parties regarding your application. This is to better understand your situation and how this meets the application criteria. |

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| **PART 1:** | **Enter the organisation’s contact information here** | |
| Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | |
| Organisation name: | | |
| Purpose or function of the organisation – Mission or Vision | | |
| Organisation Status eg charitable, non profit, school, private, commercial: | | |
| In a 12 month period, how many individuals / whanau / communities etc would the organisation usually support or fund: | | |
| Name of organisation contact person: | | |
| Address: | | Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Has the organisation asked the Fifeshire Foundation for a grant in the past? Yes/No (Please circle). Please note that we keep a record of all previous grants given. | | |

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| **PART 2:** | **List what’s being applied for and the cost. Attach quotes and payment details** | |
|  | | $ |
|  | | $ |
| TOTAL cost being applied for | | $ |

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| **PART 3:** | **Signatures from 2 supporters.** | |
| Please give 2 signatures of people from the organization who support this application.  Consent. By submitting this form, you give the Fifeshire Foundation permission to contact this person to discuss aspects of this application, should they need to.  Please ensure you disclose any conflicts of interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (eg applicant is staff member of a support service agency, support person is a relative or work colleague of the applicant) | | |
| 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Position in the organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | | Phone (landline) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Please tick: I have read the completed application form and I support this application. |
| 2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Position in the organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | | Phone (landline) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Please tick: I have read the completed application form and I support this application. |

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| Has the organisation explored, accessed and exhausted all other funding options Yes/No (Please circle) |
| If No, please outline why not. |
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| If the organisation is repaying any other debts, please state: If none please indicate this $0  How much is owed? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly repayments of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PART 4:** | **Number of people in the organisation and Income and Expenses** |
| Number of people in the organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Please provide a copy of the organisations most recent financial accounts, or, say why this can’t be provided and complete Part 5 instead.** |
| Please outline why a budget sheet signed by a budget advisor cannot be provided here. |
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| **PART 5:** | **Income and expenses** | |
| 1.Total annual income:   $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 2. Total annual expenses:   $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Rent $ | | 2. Product/Service costs $ |
| 3. Phone, mobile $ | | 4. Power $ |
| 5. Internet $ | | 6. $ |
| 7. Debts or loyalty payments $ | | 8. Vehicle expenses, fuel $ |
| 9. Other expenses: $ | | |

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| **PART 6:** | **Please tell us about your application for help.** |
| Applications are strictly confidential, so please explain as fully as possible, noting any important factors. Please outline how this grant will help to support your organisation support local people in crisis. | |
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| I, (*Full name of organization contact person)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *confirm that the organisation has explored, accessed and exhausted all other funding options, have provided financial accounts, quotes and payment information and declare that the information provided is true and correct to the best of my knowledge.*  *Signed:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |