

Contact:
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[www.fifeshirefoundation.co.nz](http://www.fifeshirefoundation.co.nz)

# 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 budget worksheet signed by a budget advisor. If this can’t be done, please say why, 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. This means the average grant size is approximately $300 - $500.
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, including Work and Income entitlements. You also need the signatures of 2 referees who have seen the completed application and support it.
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 |
| Personal needs | Clothes, shoes, glasses, driving lessons and license fees. |
| Household costs | Food (we provide Countdown cards), firewood, furniture, beddings, baby gear, washing machines and fridges. |
| Critical bills | Rent, bond, power and cellphone needed for safety reasons.  |
| Health costs | GP bills, simple dental work (such as fillings/extractions for pain relief), counselling and disability and health aids.  |
| Children’s costs | Stationery, camps, uniforms, holiday programmes and respite care.  |
| Organisations | Organisations that support people in financial and/or domestic hardship. 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. 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

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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, dental and health professionals 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 applicant’s contact information here** |
| Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Name of Applicant: |
| DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional)  eg Maori, Pacifica, NZ/ European, etc eg  |
| Address of Applicant: | Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Who is applying for the grant:(if different from above) |
| If you are applying for someone else do you have their permission? Yes / No (Please circle) |
| Name of the contact person for the application: |
| Address of the Applicant’s contact person | Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Has the applicant or a member of their family/household 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, and Work and Income entitlements.**  |
| Please give 2 signatures of people who support this application E.g. Budget advisor, Work & Income, support or social worker, doctor or nurse, minister, employer, lawyer, teacher or principal. ***NOT*** family or friends. You may also attach a supporting letter from one or more supporters.  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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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| 2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 applicant explored, accessed and exhausted all other funding options, including Work & Income entitlements or advances? Yes/No (Please circle one) |
| If No, please outline why not. |
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| If the applicant is repaying money to Work and Income, please state or provide Work and Income Benefit summary letter or Benefit and Debt summary printouts from their MyMSD: If none please indicate this $0How much is owed? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly repayments of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PART 4:** | **Number of family members**  |
| Number of people in the household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ages and gender of any children or dependents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please provide a budget sheet signed by a budget advisor. 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:** | **Weekly household Income and expenses** |
| 1.Total weekly Salary/Wages and other earnings from all household members:  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. Total weekly Work & Income support from all household members:  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TOTAL Weekly Household income from all household members $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Weekly Expenses**  |
| 1. Rent/Mortgage $ | 2. Food $ |
| 3. Phone, mobile $ | 4. Power $ |
| 5. Debts or loyalty payments $ | 6. Car expenses, fuel $ |
| 7. Other expenses: $ |
| TOTAL Weekly Household expenses $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PART 6:** | **Please tell us about your application for help with a domestic/financial crisis.**  |
| Applications are strictly confidential, so please write about your situation as fully as you feel able and note any important factors such as family crisis, health, housing, special needs, work and debts. If you can please outline how this grant may help to improve your longer term situation and future.  |
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| I, (*Full name of Applicant)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*confirm that I have explored, accessed and exhausted all other funding options, including Work & Income entitlements or advances, have provided quotes, bills and payee/supplier payment information and I declare that the information provided is true and correct to the best of my knowledge.* *Signed:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |