



PLEASE COMPLETE EACH SECTION FULLY

13. FUNDING ASSISTANCE FROM OTHER ORGANISATIONS (for this project only)

Please list the organisation, how much has been requested, what has been confirmed.

LIST FUNDING SOURCES:

|       | REQUESTED<br>FUNDING | EXPECTED DATE OF<br>FUNDING CONFIRMATION | CONFIRMED<br>FUNDING |
|-------|----------------------|--|----------------------|
| ..... | \$.....              | .....                                    | \$.....              |
| ..... | \$.....              | .....                                    | \$.....              |
| ..... | \$.....              | .....                                    | \$.....              |
| ..... | \$.....              | .....                                    | \$.....              |
| ..... | \$.....              | .....                                    | \$.....              |
|       | TOTALS               |  | \$.....              |

14. PREVIOUS FUNDING FROM THE CANTERBURY COMMUNITY TRUST - (List last five donations with most recent year first)

|         |         |         |         |  |         |
|---------|---------|---------|---------|--|---------|
| 20..... | \$..... | 20..... | \$..... | 20.....                                | \$..... |
| 20..... | \$..... | 20..... | \$..... | <input type="checkbox"/> NEVER APPLIED |         |

15. PLEASE DESCRIBE YOUR ORGANISATION. IF THERE IS A COMMERCIAL ENTITY INCLUDED IN YOUR STRUCTURE, PLEASE PROVIDE DETAILS.

16. BENEFIT TO THE COMMUNITY. (Please describe how this project will benefit the Organisation, Users and Community.)

17. STAFF SALARIES. (If funding request is for staff salaries, please refer to Information Notes.)

18. OUTCOMES EXPECTED FROM COMPLETION OF PROJECT.

19. PLEASE DESCRIBE YOUR FUND RAISING PRESENT AND FUTURE.

20. WHAT OTHER GROUPS PROVIDE A SIMILAR SERVICE? HOW IS YOUR GROUP DIFFERENT?

21. PAST TRACK RECORD OF SUCCESS, OUTCOMES AND ACHIEVEMENTS: (PLEASE REFER TO INFORMATION NOTES.)

22. FINANCIAL SUMMARY. (Extract figures from your most recent audited financial statement. HOWEVER, the audited financial statements must be included as an attachment.)

**FINANCIAL YEAR:-**

TOTAL REVENUE .....  
 TOTAL EXPENSES .....  
 NET INCOME OR .....  
 (NET LOSS) .....

IF YOU HAVE A NET INCOME, CAN ANY BE USED FOR THE PROJECT? YES  NO

IF A LOSS, PLEASE DETAIL WHY AND WHAT THE ACTION PLAN IS FOR  
 RECTIFYING THE SITUATION. ....

**NET ASSETS:-**

CASH AT THE BANK \$.....  
 INVESTMENTS \$.....  
 ACCOUNTS RECEIVABLE \$.....  
 SUBTOTAL \$.....  
 FURNITURE, EQUIPMENT, BUILDING, LAND, MOTOR VEHICLES \$.....  
 OTHER: \$.....  
 TOTAL NET ASSETS \$.....

TELL US WHY THESE ASSETS CANNOT BE USED FOR THE PROJECT: .....

23. FINANCIAL SNAPSHOT. (State in words what you believe your financial condition to be. Indicate your current condition and how this relates to the request.)

**24. PROPOSED BUDGET FOR NEXT THREE YEARS - REVENUE**

| MAIN SOURCE OF FUNDING | THIS YEAR'S REVENUE | NEXT YEAR'S REVENUE | FOLLOWING YEAR'S REVENUE |
|------------------------|---------------------|---------------------|--------------------------|
| .....                  | .....               | .....               | .....                    |
| .....                  | .....               | .....               | .....                    |
| .....                  | .....               | .....               | .....                    |
| .....                  | .....               | .....               | .....                    |
| .....                  | .....               | .....               | .....                    |

**25. PROPOSED BUDGET FOR NEXT THREE YEARS - EXPENDITURE**

| MAIN AREAS OF EXPENDITURE | THIS YEAR'S EXPENDITURE | NEXT YEAR'S EXPENDITURE | FOLLOWING YEAR'S EXPENDITURE |
|---------------------------|-------------------------|-------------------------|------------------------------|
| .....                     | .....                   | .....                   | .....                        |
| .....                     | .....                   | .....                   | .....                        |
| .....                     | .....                   | .....                   | .....                        |
| .....                     | .....                   | .....                   | .....                        |
| .....                     | .....                   | .....                   | .....                        |

**26. HOW WILL THIS LARGE SCALE PROJECT SIGNIFICANTLY IMPACT ON THE COMMUNITY OR SUBSTANTIALLY IMPROVE THE CIRCUMSTANCES OF THE USERS/PARTICIPANTS.**

**27. DESCRIBE YOUR FINANCIAL CONTROL SYSTEMS IN PLACE AT PRESENT. (Refer to Information Notes.)**

**28. PLEASE DESCRIBE YOUR INTERNAL AUDIT FUNCTIONS. (What methods will you use to assess the success of the project?)**

**29. CHECKLIST OF ENCLOSURES (Please tick off what has been included. Note required items.)**

|  |   |                          |                               |                                   |
|--|---|--------------------------|-------------------------------|-----------------------------------|
| AUDITED ACCOUNTS   | required                                | <input type="checkbox"/> | LETTERS OF SUPPORT            | optional                          |
| CHAIRPERSON'S REPORT   | required                                | <input type="checkbox"/> |                               |                                   |
| PRE-ENCODED DEPOSIT SLIP OF APPLICANT'S BANK ACCOUNT                     | required                                | <input type="checkbox"/> | PLANS, CHARTS, GRAPHS, PHOTOS | required for large scale projects |
| COPY OF MINUTE/RESOLUTION AUTHORISING THE SUBMISSION OF THIS APPLICATION | required                                | <input type="checkbox"/> | OTHER                         | .....                             |
| TRUST DEED / CONSTITUTION  | required if new applicant or if amended | <input type="checkbox"/> | .....                         |                                   |
| COPY OF CERTIFICATE OF INCORPORATION                                     | required for new applicant              | <input type="checkbox"/> | .....                         |                                   |

**30. CURRENT TAX STATUS:**

TAX EXEMPTION/CHARITABLE STATUS (LETTER ATTACHED)

WE HAVE APPLIED TO IRD FOR CHARITABLE/EXEMPTION STATUS

NOT TAX EXEMPT

ARE YOU GST REGISTERED? YES  NO

**NOTE:** IF REQUIRED ITEMS ARE NOT SUBMITTED, THE APPLICATION MAY BE RETURNED FOR RESUBMISSION. A PERSONAL VISIT OR TELEPHONE INTERVIEW MAY BE REQUIRED FOR ANY DONATION REQUEST.

**31. IT IS HIGHLY RECOMMENDED YOU REVIEW THIS LIST AND INCLUDE ITEMS THAT BEST DESCRIBE YOUR PROJECT:**

- |   |   |
|---|---|
| <input type="checkbox"/> ARCHITECTURAL CONCEPT PLANS (ON A4 SIZE PAPER) | <input type="checkbox"/> PHOTOGRAPHS                                    |
| <input type="checkbox"/> STATISTICAL ANALYSIS                           | <input type="checkbox"/> FIVE YEAR PLANS AND COSTS                      |
| <input type="checkbox"/> SITE PLANS (ON A4 SIZE PAPER)                  | <input type="checkbox"/> PARTICULAR DIFFICULTIES/BACKGROUND INFORMATION |
| <input type="checkbox"/> A MARKETING/FUNDRAISING PLAN                   | <input type="checkbox"/> ANTICIPATED USAGE                              |
| <input type="checkbox"/> METHODS OF ACCOUNTABILITY                      | <input type="checkbox"/> INDEX  |

**32. IN SUBMITTING THIS APPLICATION WE AGREE TO ABIDE BY THE REQUIREMENTS OF THE CANTERBURY COMMUNITY TRUST AND DECLARE THIS APPLICATION REPRESENTS A FULL DISCLOSURE OF THE AFFAIRS OF OUR ORGANISATION INCLUDING OUR FINANCIAL POSITION. WE AUTHORISE THE TRUST OR ITS AGENTS TO MAKE ANY ENQUIRIES OR UNDERTAKE AUDITS OF OUR ORGANISATION IN RELATION TO THIS APPLICATION. DECISIONS MADE BY THE TRUST ARE AT THE DECRETION OF THE TRUSTEES AND NO CORRESPONDENCE OR FURTHER DISCUSSIONS FOLLOWING A DONATION DECISION WILL BE ENTERED INTO.**

SIGNATURE .....

NAME .....

POSITION .....

DATE .....

**33. MAIL YOUR APPLICATION TO THE FOLLOWING ADDRESS:**

THE CANTERBURY COMMUNITY TRUST  
PO BOX 1440  
CHRISTCHURCH 8015

OR DELIVER TO:

LEVEL 1  
95 OXFORD TERRACE  
CHRISTCHURCH

