

PLEASE COMPLETE EACH SECTION FULLY.

13. FUNDING ASSISTANCE FROM OTHER ORGANISATIONS (Please list dollar amounts only)

Please list the organisation, how much has been requested, what has been confirmed. Please note: figures for this project only.

LIST FUNDING SOURCES:	REQUESTED FUNDING	EXPECTED DATE OF FUNDING CONFIRMATION	CONFIRMED FUNDING
.....	\$	\$
.....	\$	\$
.....	\$	\$
.....	\$	\$
.....	\$	\$
	TOTALS		\$

14. PREVIOUS FUNDING FROM THE CANTERBURY COMMUNITY TRUST - (List last five donations in dollar amounts only 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. (Please refer to Information Notes.)

19. PLEASE DESCRIBE YOUR FUNDRAISING 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.)

<u>FINANCIAL YEAR:-</u>		IF YOU HAVE A NET INCOME, CAN ANY BE USED FOR THE PROJECT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
TOTAL REVENUE	.....	IF A LOSS, PLEASE DETAIL WHY AND WHAT THE ACTION PLAN IS FOR		
TOTAL EXPENSES	.....	RECTIFYING THE SITUATION:		
NET INCOME OR	.....	.....
(NET LOSS)	.....	.....
<u>NET ASSETS:-</u>		TELL US WHY THESE ASSETS CANNOT BE USED FOR THE PROJECT:		
CASH AT THE BANK	\$ .....	.....	
INVESTMENTS	\$ .....	.....	
ACCOUNTS RECEIVABLE	\$ .....	.....	
SUBTOTAL	\$ .....	.....	
FURNITURE, EQUIPMENT, BUILDING, LAND, MOTOR VEHICLES	\$ .....	.....	
OTHER	\$ .....	.....	
TOTAL NET ASSETS	\$ .....	.....	

23. FINANCIAL SNAPSHOT. (State in words what you believe your financial position to be. Indicate your current position 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
\$.....	\$.....	\$.....	\$.....
\$.....	\$.....	\$.....	\$.....
\$.....	\$.....	\$.....	\$.....
\$.....	\$.....	\$.....	\$.....
\$.....	\$.....	\$.....	\$.....
Total \$	Total \$	Total \$	Total \$

25. PROPOSED BUDGET FOR NEXT THREE YEARS - EXPENDITURE

MAIN AREAS OF EXPENDITURE	THIS YEAR'S EXPENDITURE	NEXT YEAR'S EXPENDITURE	FOLLOWING YEAR'S EXPENDITURE
\$.....	\$.....	\$.....	\$.....
\$.....	\$.....	\$.....	\$.....
\$.....	\$.....	\$.....	\$.....
\$.....	\$.....	\$.....	\$.....
\$.....	\$.....	\$.....	\$.....
Total \$	Total \$	Total \$	Total \$

26. DESCRIBE YOUR FINANCIAL CONTROL SYSTEM IN PLACE AT PRESENT. (Please refer to Information Notes.)

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

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

Audited accounts	required	<input type="checkbox"/>	Letters of support	optional	<input type="checkbox"/>
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	<input type="checkbox"/>
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"/>		
Charities Commission Certificate	required	<input type="checkbox"/>			

29. CURRENT TAX STATUS

Tax Exemption/Charitable Status (letter attached)	<input type="checkbox"/>
We have applied to IRD for charitable/exemption status	<input type="checkbox"/>
Not tax exempt	<input type="checkbox"/>
Are you GST registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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.

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

- Architectural Concept Plans (on A4 size paper)
- Statistical Analysis
- Site Plans (on A4 size paper)
- A Marketing/Fundraising Plan
- Methods of Accountability
- Photographs
- Five Year Plans and Costs
- Particular Difficulties/Background Information
- Anticipated Usage
- Index

31. 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 discretion of the trustees and no correspondence or further discussions following a donation decision will be entered into.

SIGNATURE NAME

POSITION DATE

32. MAIL YOUR APPLICATION TO THE FOLLOWING ADDRESS:

THE CANTERBURY COMMUNITY TRUST
 PO BOX 1440
 CHRISTCHURCH MAIL CENTRE
 CHRISTCHURCH 8140

OR DELIVER TO: LEVEL 1
 12 HAZELDEAN ROAD,
 HAZELDEAN
 BUSINESS PARK,
 CHRISTCHURCH 8024

