

# HOSTEL OF THE HOLY NAME TRUST

## APPLICATION FOR FUNDING

### **IMPORTANT INFORMATION:**

- a) There are two funding rounds each year. The closing dates for applications are **31 March** and **30 September**. Applications must be received by 5pm on these dates at the latest.
- b) If an organisation has unused funds from a grant previously awarded by the Trust, a new or subsequent funding application will not be considered until all funds are utilised and an Accountability Report has been submitted.
- c) The **official Application for Funding form** must be used and it must be signed by an authorised person.
- d) An **official bank deposit slip** for the organisation must be supplied.
- e) **Supporting documentation**, including a budget, must be attached for your application to be eligible.
- f) The application process takes approximately three months from receipt of applications. Communication regarding applications will be made via email, or by post if no email address is provided.
- g) All successful applicants will be required to submit an Accountability Report within 12 months (or earlier) of receiving grant funds.

### ORGANISATION DETAILS

<b>Legal Name:</b>			
<b>Physical Address:</b>			
<b>Postal Address:</b>			
<b>Telephone:</b>			
<b>Website (if any):</b>			
<b>Organisation Type:</b>	<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Incorporated Society	
	<input type="checkbox"/> Ministry group	<input type="checkbox"/> Affiliated to another Body, please specify: _____	
	<input type="checkbox"/> Archdeaconry group	<input type="checkbox"/> Other, please specify: _____	
<b>Contact Person Details:</b>			
<b>Name:</b>			
<b>Position:</b>			
<b>Telephone:</b>	<b>DDI:</b>		<b>Mobile:</b>
<b>Email:</b>			
<b>Mission Statement/Statement of Purpose of Organisation (brief summary only):</b>			

FINANCIAL DETAILS		
Amount requested:	\$ _____	Budget Attached: <input type="checkbox"/> Yes
Has this organisation applied to the Trust previously?	<input type="checkbox"/> Yes <i>(please provide details)</i> <input type="checkbox"/> No	Last accepted application: Date: _____ Amount: \$ _____
Are funds being applied for from any other sources?	<input type="checkbox"/> Yes <i>(please provide details)</i> <input type="checkbox"/> No	Details of other funding sources:
<i>Please attach an official bank deposit slip (on bank stationery) for the applying organisation. This will be used to deposit grant funds if they are awarded.</i>		

PROJECT DETAILS
<i>Please use additional pages to provide answers to the below. Supporting documents for the project, including the budget, must be attached to this form.</i>
<b>General description of project:</b>
<b>Who is expected to benefit from this project?</b>
<b>State specific purpose funds will be used for <i>(please attach Budget)</i>:</b>

I, \_\_\_\_\_ (contact person) agree the information provided is true and correct and I am authorised to apply for funding on behalf of \_\_\_\_\_ (organisation).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE EMAIL YOUR APPLICATION FORM AND ALL SUPPORTING DOCUMENTS TO:  
 Hostel of the Holy Name Administrator - Email: [hosteloftheholyname@auckland.anglican.org.nz](mailto:hosteloftheholyname@auckland.anglican.org.nz)  
*(alternatively applications can be posted to - PO Box 37242, Parnell, Auckland, 1151)*

<b>Hostel of the Holy Name Admin Use Only:</b>		Application No: _____
Date Received: _____	Signed: _____	Legal Status Checked: <input type="checkbox"/> Yes <input type="checkbox"/> No