

# Monthly Community Support - Up to \$50k

## Form Preview

### Organisation Details

\* indicates a required field

#### Organisation Details

##### **Applicant organisation legal name \***

Organisation Name

Please use your organisation's full name, as it appears as registered with the Charities or Companies office.

##### **Address \***

Address

  

Suburb    Town/  
            City    Postcode

        

##### **Postal address (if different to above)**

Address

  

Suburb    State    Postcode

        

##### **Organisation website**

Must be a URL

##### **Organisation Primary Phone Number**

Must be a New Zealand phone number.

##### **Applicant Admin Contact \***

Title    First Name    Last Name

        

##### **Applicant Admin Contact Position \***

##### **Applicant Admin Contact Primary Phone Number \***

# Monthly Community Support - Up to \$50k

## Form Preview

Must be a New Zealand phone number.

### **Applicant Admin Contact Primary Email \***

Must be an email address.

### **Manager/CEO Contact Person**

Title First Name Last Name

### **Manager/CEO Contact Person Position**

### **Manager/CEO Contact Person Primary Phone Number**

Must be a New Zealand phone number.

### **Manager/CEO Contact Person Primary Email**

Must be an email address.

## Organisation Details

\* indicates a required field

### **What is your organisation's purpose or mission? What services does it provide? \***

Word count:

Must be no more than 250 words.

### **Which geographical region(s) in BayTrust's area will benefit from your services? \***

☐ Western Bay of Plenty ☐ Eastern Bay of Plenty ☐ Rotorua Region ☐ Taupo/Turangi ☐ Baywide

If you operate in all regions select Baywide

### **If Baywide please explain briefly what you do and where? \***

Word count:

Must be no more than 100 words.

# Monthly Community Support - Up to \$50k

## Form Preview

**Are you a Iwi, Hapū or a kaupapa Māori organisation/service provider? Kaupapa Māori services are those services that have been specifically developed 'by Māori for Māori' and delivered by providers who identify as Māori. \***

☐ Yes

☐ No

**Describe how the Te Tiriti o Waitangi principles of partnership, participation and protection are reflected / included in your planning and practice for this application \***

Word count:

Must be no more than 250 words.

**Where is your organisation at on its journey to be environmentally sustainable? (Climate change, biodiversity, waste and over consumption) \***

- ☐ Not thinking about it just yet
- ☐ Just starting to think about it
- ☐ Have assessed our impact and identified changes
- ☐ Have an action plan in place
- ☐ Our core focus is environmental sustainability

**More information on your Climate Change response \***

Word count:

Must be no more than 250 words.

**Please upload any relevant action plan**

Attach a file:

## Staff and Volunteer Information

**Number of Full time staff \***

Must be a number.

**Number of Part-time Staff \***

**Estimated number of Volunteers \***

# Monthly Community Support - Up to \$50k

## Form Preview

**Approximately how many volunteer hours are contributed to your organisation per year? \***

- ☐ Less than 100 hours per year
- ☐ Between 100 and 500 hours per year
- ☐ Between 500 and 1000 hours per year
- ☐ Between 1000 and 2000 hours per year
- ☐ More than 2000 hours per year

## Organisation Statutory Information

\* indicates a required field

**What year was your organisation formed? \***

Must be a date.

**Please specify your legal status \***

- ☐ Charitable Trust
- ☐ Incorporated Society
- ☐ Company - with a charitable purpose
- ☐ School
- ☐ Territorial Authority
- ☐ Not a legal entity

**State any other name/s your organisation has operated under.**

## New Zealand Charities Services Information

If your organisation is a Registered Charity, please enter your details below. If you do have a CC number, please make sure your details in the application match those held by Charities Services.

**Charities Commission Registration number (if applicable)**

Correct format for CC Number is CC12345

## Incorporated Society Information

If you are not a registered charity or an Incorporated Society that is a charity, please enter your Incorporated Society number.

**Incorporated Society number (if applicable)**

Correct format for Companies Office Number is 123456

# Monthly Community Support - Up to \$50k

## Form Preview

### Bank Account Details - See format below

\* indicates a required field

#### Bank Account

##### **Applicant Bank \***

##### **Applicant Bank Account Name \***

##### **Applicant Bank Account Number - See format required below \***

This needs to be entered in as this format: 01-2345-6789101-00

##### **Please upload your bank deposit slip or bank account verification here. \***

Attach a file:

A minimum of 1 file must be attached.

The name on bank deposit slip or bank account verification should match the name of the organisation applying.

### Project Details - What will the grant be used for

\* indicates a required field

##### **Project/programme title \***

Must be no more than 20 words.

Your title should be short but descriptive

##### **What are you applying for? \***

##### **What will the grant be used for? \***

Word count:

Must be no more than 250 words.

Please tell us what the grant will be used for.

Anticipated start date

Anticipated end date

# Monthly Community Support - Up to \$50k

## Form Preview

If you are not sure, please pick an approximate date or click 'unknown' below

☐ Unknown

If you are not sure, please pick an approximate date or click 'unknown' below

☐ Unknown

**Which one of our Funding Priorities best aligns with the outcomes you are trying to achieve? \***

**Why is this project, programme or activity needed? What supporting evidence is this based on? \***

Word count:

Must be no more than 250 words.

Describe the context in which you operate, to help us understand why you need to undertake this activity/project.

**How do you know your organisation is achieving the outcomes, the changes that you are aiming for? \***

## Programme/Project Beneficiaries

\* indicates a required field

Who benefits from this programme or project

**Approximately how many people will directly benefit from your project or services? \***

Must be a number.

**How do you determine how many people are direct beneficiaries? \***

Word count:

Must be no more than 100 words.

**If your project is environmental in nature please outline how the environment benefits**

# Monthly Community Support - Up to \$50k

## Form Preview

Word count:

**What is the estimated percentage of people who directly benefit from your programme, activities or project who are Maori: \***

Must be a number.

Must be a percentage and they should tally to 100%

**What is the estimated percentage of people who directly benefit from your programme, activities or project who are Pasifika \***

Must be a number.

Must be a percentage and they should tally to 100%

**What is the estimated percentage of people who directly benefit from your programme, activities or project who are Pakeha/NZ European: \***

Must be a number.

Must be a percentage and they should tally to 100%

**What is the estimated percentage of people who directly benefit from your programme, activities or project who identify as other ethnicities (not Maori, Pasifika, or Pakeha):**

Must be a number.

Must be a percentage and they should tally to 100%

**What are these ethnicities?**

**What percentage are babies (0-1000 Day's)**

Must be a number.

Do not use the % sign.

**What percentage are children (3-12)**

Must be a number.

Do not use the % sign.

**What percentage are youth (13-24)**

Must be a number.

Do not use the % sign.

**What percentage are adults (25-65)**

Must be a number.

Do not use the % sign.

**What percentage are seniors (65+)**

Must be a number.

Do not use the % sign.

**Total**

# Monthly Community Support - Up to \$50k

## Form Preview

This number/amount is calculated.  
Must equal to 100.

### Supporting Letters

If you have letters of support for your organisation, programme or project, you can upload these below.

#### Please upload letters of support (if available/relevant)

Attach a file:

Do not attach supporting documents more than 1 year old. A maximum of 5 files can be attached

### Additional Supporting information

If you have videos, or other multi-media examples of the work that you, please enter the link to these below.

Must be a URL.

## Budget

\* indicates a required field

### Budget

In this section tell us the total of the project, event, capital or your operating costs, and how much you are applying to BayTrust for. BayTrust's policy is to fund up to a maximum of 50% of total costs.

We publish our previous approved grants online and this can be used as a guideline on how much to apply for. This can be found at:

<https://www.baytrust.org.nz/grants-decisions>

The budget you provide must include **all income** and **expenditure**, and if you are applying for operational costs the budget must show at six months future income and expenses.

If you receive or anticipate receiving grant funding from other funders, please ensure this is itemised in your supplied budget. Trustees like to see which other funders are supporting your programme or project and for how much.

If you have any questions about the budget and what we require, please email [info@baytrust.org.nz](mailto:info@baytrust.org.nz) or call the office on 07 578 6546

### Expenses



# Monthly Community Support - Up to \$50k

## Form Preview

**Total Cost \***

\$

What is the total budgeted cost (dollars) of your project or programme?

**Total Amount Requested from BayTrust \***

\$

Must be a whole dollar amount (no cents) and no more than 50000.

What is the total financial support you are requesting in this application?

### Upload Budget

**Please attach your full budget here (if applying for operational costs, this needs to be for at least six months into the future and include all income and expenditure.) \***

Attach a file:

A minimum of 1 file must be attached.

### Funding Plan

**If your activity, service or project is not fully funded, please indicate how will you cover the shortfall? If you are unable to raise the full amount required, what will this mean for your activity, services or project? \***

Word count:

Must be no more than 250 words.

## Applicant Financial Information

**\* indicates a required field**

Please attach a copy of your most recent Annual Financial Statements, **if these are more than six months old, please upload a Profit and Loss Statement and a Balance Sheet as well as your last annual *that is less than six months old.***

**If the accounts or the Balance Sheet are more than six months old we will not be able to process the application.**

**Upload files \***

Attach a file:

# Monthly Community Support - Up to \$50k

## Form Preview

**Are your Financial Accounts/Statements required to be audited \***

- ☐ Yes  
☐ No

Registered Charities with total operating expenditure of less than \$500,000 are not required by law to have an audit or review. However, you may be required by your rules (e.g. trust deed, constitution, or charter) or as a condition of receiving a grant to have your financial statements audited or reviewed. If you are unsure, please check in your trust deed, constitution or charter.

## Certification and Feedback

\* indicates a required field

### Certification

This section must be completed by an authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I agree \***

- ☐ Yes ☐ No

**Name of authorised person \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

### Privacy Notice

At BayTrust, we are committed to ensuring the privacy of information.

From time to time, we may collect, retain and use personal information (including but not limited to, your name, email address, phone number and mailing address).

# Monthly Community Support - Up to \$50k

## Form Preview

This Privacy Policy sets out our practices regarding the collection, storage, disclosure and use of your personal information in compliance with the Privacy Act 1993.

This Privacy Policy will be available on our website and individuals/organisations that submit personal information to this website agree to be bound by the terms of this Privacy Policy. To view this policy in full, please visit: <http://www.baytrust.org.nz/privacy-policy>

### Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Please indicate how you found the online application process: \***

☐ Very easy    ☐ Easy    ☐ Neutral    ☐ Difficult    ☐ Very difficult

**Approx many minutes in total did it take you to complete this application? \***

Estimate in minutes i.e. 1 hour = 60 minutes

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we may need to consider.**