

ALEX MCLEAN CHARITABLE TRUST

APPLICATION FORM

Our Vision Statement

To enhance the lives of all the peoples of our region by wisely allocating, equitably sharing and responsibly managing the resources that we hold in trust for present and future generations.

Please answer questions in the appropriate boxes. Please do not answer with 'see attached' or 'refer to' however you are welcome to enclose extra information.

Applications are preferred that enhance community facilities and community services, education and youth activities, including those for the disabled.

Grants are not made for the promotion of political activities or for political purposes.

**ALEX MCLEAN CHARITABLE TRUST
APPLICATION FORM**

Your Organisation

Name of your organisation

What is your organisation's address?

Postal address

Physical address

Project address
(if different from physical address)

What are your organisation's contact details?

Phone number	_____	Fax No.	_____
email address	_____		
Website address	_____		

Who is your organisation's main contact for this application?

First name	_____	last name	_____
Position	_____	Email address	_____
Daytime ph no	_____	Alternative ph no	_____
Fax number	_____		

Name of the PRINCIPAL OFFICERS

Chair	_____	tel no.	_____	Alt no.	_____
Secretary	_____	tel no.	_____	Alt no.	_____
Treasurer	_____	tel no.	_____	Alt no.	_____

Legal Status (please tick)

Incorporated Society Charitable Trust Registration No. _____

Other (please state)

What date was your organisation formed? _____

Is your organisation affiliated or part of any regional or national organisation? Yes / No

If yes please specify:

Charities Commission number, if applicable: _____

Tell us about your organisation. Please explain briefly the purpose of your organisation (50 – 60 words maximum)

Tell us about your services and programmes organisation (50 – 60 words maximum)

How many volunteers does your organisation have? _____

What is the total number of volunteer hours per week? _____

Provide the number of members/clients in each age category?

0 – 20 _____
21 – 65 _____
over 65 _____

How Many People directly benefit annually from your organisation's services?

Funding Request Details

What does your organisation require funding for? (50 – 60 words maximum)

What are the intended benefits/outcomes of your request? (What do you hope to achieve)

When will your project start?

Do you anticipate any significant change in your organisation's financial circumstances in the next 12 months?
Yes / No. If yes please explain. (50 – 60 words)

In order to complete your application, the following is required from all applicants:

All sections of the application form are completed (please do not state refer to attached on the application form). If you do not have enough space in the application form to fully explain your project, additional information may be attached to support the details provided in the application form.

- Latest bank statement for all accounts (including investment statements)
- Your most recent annual accounts and audit report, if required (see note above).
- Two current letters of support from community organisations that your organisation works with
- One quote for equipment items requested.

You can post your application form to:

Russell Turner Chartered Accountants
P O Box 1249
WHANGAREI 0140

Have you applied to Alex McLean Charitable Trust before? Yes / No

How did you hear about us?

- Website Newspaper Word of mouth Other
Please give details

DECLARATION

In making this funding application I declare that:

I am authorised to do so and to the best of my knowledge the information contained herein is true and correct. Any funding received will be used for the project for which it was approved.

The organisation will comply with any reasonable request from the Alex McLean Charitable Trust to monitor performance and accountability

The organisation acknowledges that any decision made by the Alex McLean Charitable Trust is final. We accept that no reasons for any decision will be given, nor will any correspondence be entered into.

PRIVACY ACT

Any personal information about individuals you provide in this application will be used only to assist with the administration and assessment of your application and in publishing the results of approved grants.

The group and personal information collected will be restricted to the Alex McLean Charitable Trust Board and staff along with other parties that may be consulted or contracted to act on behalf of the Trust.

The information you provide is restricted to either and Alex McLean Charitable Trust board other parties that may need to be consulted, officers of and people contracted to act on behalf of Alex McLean Charitable Trust

For and on behalf of our organisation.

Full Name _____ Position _____

Signature _____ Date _____

Countersign: To be completed by the president, or chairperson, of your organisation.

Full Name _____ Position _____

Signature _____ Date _____