



**ASB Community Trust**  
*Te Kaitiaki Putea o Tamaki o Tai Tokerau*  
supported by **ASB**

# Application Form

Please visit ASB Community Trust's website before completing the application form. The website's funding section will help you decide whether your organisation is eligible and will explain what the Trust funds. [www.ASBCommunityTrust.org.nz/funding](http://www.ASBCommunityTrust.org.nz/funding)

## 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 to allow for inter-generational equity.

1. Programme Funding Areas: Please tick which area you are submitting your request for funding under:

- Recreation and Sport, Rescue Services
- Arts and Culture
- Heritage
- Marae Facility Development
- Health
- Community Wellbeing
- Environment
- Learning

Please check the website's funding section to see what costs are eligible for funding in each programme funding area and application closing dates.

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.

If you have any questions about the application process please call us on (09) 360 0291, toll free on 0800 272 878, or email [reception@ASBCommunityTrust.org.nz](mailto:reception@ASBCommunityTrust.org.nz)

## 2. Your Organisation

Name of your organisation

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3. What is your organisation's address?

Postal address

	Postcode
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4. Physical address

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5. Project address (if different from physical address)

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6. What are your organisation's contact details?

Phone number	Email address
Fax number	Website address

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

First name	Last name	Title
Position	Email address	
Daytime phone	Alternative phone number	
Fax number		

8. Name of the PRINCIPAL OFFICERS

Chair:	Tel number	Alt Number
Secretary:	Tel number	Alt Number
Treasurer:	Tel number	Alt Number

9. Legal Status (please tick)

Incorporated Society  Charitable Trust  Registration no:  
Other (please state)

10. What date was your organisation formed?

11. Is your organisation affiliated or part of any regional or national organisation?

Yes  Please specify:  
No

12. Charities Commission number (if applicable):

13. Is your organisation registered for GST?:

Yes  GST Number:  
No

14. Tell us about your organisation (Please explain the purpose of your organisation)

15. Tell us about your services and programmes

16. How many paid workers does your organisation generally employ?

Full-time paid staff:                      Part-time paid staff:

17. How many volunteers does your organisation have?

18. What is the total number of volunteer hours per week?

19. Please provide the number of members/clients in each age category?

0-20:

21-65:

Over 65:

20. How many people directly benefit annually from your organisation's services?

21. Does your group have a specific cultural or ethnic focus? (tick appropriate boxes and state which specific community your organisation is working with or in)

NZ European:

Maori: whanau based:  hapu based:  iwi based:  Other:

Pacific:  Refugee:  Migrant  Other?  N/A

## Funding Request Details

22. What does your organisation require funding for? Please check the Trust's website to ensure your request is eligible for funding in your programme area.

23. How has the need for your organisation or project been established?

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

25. Who are the main community organisations you work with (if applicable)?

26. When will your project start?

## 27. TOTAL PROJECT COSTS/FUNDING REQUEST

A) What is the total cost of your project?

Cost item	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$ Total

B) What confirmed funding have you got towards costs applied for in this application?

Cost item	Amount	Source (eg funder)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

C) What is the amount you are requesting from the Trust: \$.....

## 28. Other Potential Funding Sources

Please list any other funding applications that you are waiting a decision on which relate to your request for funding. List funder, amount, cost applied for and decision date.

Funder	Amount	Cost applied for	Date decision will be made
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**FINANCIAL SUMMARY FROM YOUR ORGANISATION'S LATEST AUDITED ACCOUNTS**

29. If you are applying for \$40,000 or more, please attach a copy of your latest audited accounts and audit report summary for the financial year. If your organisation is applying for less than \$40,000 you only need to supply the most recent annual accounts, signed by two office holders. Please note that if your organisation's constitution requires it to have audited accounts, you will still have to include them with your application.

Please fill in the following amounts:

Income	\$
Expenditure	\$
Surplus (deficit)	\$
Current bank balances	\$

30. If any of the funds are tagged for specific purposes, please state the amount and what the funding is tagged to.

Amount	Purpose

31. Do you anticipate any significant change in your organisation's financial circumstances in the next 12 months? Yes  No  If yes, please explain:

32. In order to complete your application, the following is required from all applicants:  
 All sections of the application form are completed. 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 audited accounts and audit report, if required (see note 29)
- Two current letters of support from community organisations that your organisation works with
- One quote for equipment items requested

Refer to the Funding section of the Trust's website for specific requirements for programme funding in the area you are applying for.

**SEND US YOUR APPLICATION**

To ensure that your application can be processed as efficiently as possible, please send an electronic copy of your application form to:

[applications@asbcommunitytrust.org.nz](mailto:applications@asbcommunitytrust.org.nz)

**PLEASE NOTE:** We still require your hard copy application form and supporting documentation.

You can post your application form to:  
ASB Community Trust  
PO Box 68-048  
Newton, Auckland 1145

Or hand-deliver the application to:  
8 College Hill  
Freeman's Bay  
Auckland

**CONTACT US:**

- Phone (09) 360 0291
- Freephone 0800 272 878
- Fax (09) 378 6954
- Email [info@ASBCommunityTrust.org.nz](mailto:info@ASBCommunityTrust.org.nz)

33. Have you applied to ASB Community Trust before? Yes  No

34. How did you hear about us?

Website  News article  Word of mouth  Other

Please give us more details:

35. Would your organisation like to receive newsletters or email bulletins from ASB Community Trust? Yes  No

**36. 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 ASB Community Trust to monitor performance and accountability.*

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

**37. 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 ASB Community Trust Board and staff along with other parties that may be consulted or contracted to act on behalf of the Trust.

Groups and individuals have the right to check and correct any personal information held by the Trust.

The information you provide is restricted to either the ASB Community Trust's board and staff, other parties that may need to be consulted, officers of and people contracted to act on behalf of ASB Community Trust.

**38. For and on behalf of our organisation**

Full name	Position
Signature	Date

**39. Countersign: To be completed by the president, or chairperson, for your organisation**

Full name	Position
Signature	Date