



Mai te moana ki nga maunga. From the sea to the mountains.

Donation Application Form

73 Spring St
PO Box 13322, Tauranga

INSTRUCTIONS:

Please read the [Trust's Donations Policy](#) before completing the application form and answer all the questions. Please print clearly and use a separate sheet if necessary.

Freephone: 0800 654 546

Ph: 07 578 6546

Fax: 07 578 7357

NOTE:

Enquires may be directed to the Trust Office, 73 Spring Street, Tauranga

Email: info@baytrust.org.nz

Web: www.baytrust.org.nz

| | | |
|----|---|-------------------|
| 1 | Name of Organisation: | |
| | State any other name your organisation has operated under: | |
| | | |
| 2 | Address: | |
| | District/City | |
| | Postal | |
| | Telephone | Fax |
| 3 | Contact Person: Name Mr/Mrs/Miss/Ms | |
| | Position in the organisation: | Email address |
| | Phone (Business) | Phone (Residence) |
| 4 | Names of Principal officers: | |
| | Chairperson/President | Chief Executive |
| | Secretary | Treasurer |
| | Auditor | Accountant |
| 5 | Are you a Trust <input type="checkbox"/> , Incorporated Society <input type="checkbox"/> or Other <input type="checkbox"/> ? (Please specify) | |
| 6 | Is your organisation responsible to or controlled by any other organisation/authority? (please specify) | |
| 7 | What year was your organisation formed? | |
| | Please attach a copy of your <u>signed and dated</u> Constitution/Charter/Deed/Rules. Ministry Funded Schools need to provide latest ERO (Education Review Office) Report. | |
| 8 | State briefly the type of work your organisation does: | |
| 9 | Nature of project or activity to be funded: | |
| 10 | The Trust is keen to support projects that produce <i>quality community outcomes</i> . How will this project help build, enhance or strengthen your community for the long term? | |
| | | |
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|----|---|
| 20 | About how many full time equivalent (FTE) "Staff" do you have? Paid: Voluntary: (FTE = average weekly hours divided by 37.5) |
| 21 | Please summarise and consolidate your most recent audited financial information as follows: (to nearest \$) (Not all of these items may be applicable to your organisation). Do not say "Refer Attached". For: 12 months ended (Date) / / |

| REVENUE | | ASSETS | |
|--------------------------------|-----------|---|-----------|
| Donations and legacies | \$ | Cash, Bank, etc | \$ |
| Fundraising and memberships | \$ | Amount owed to you by others | \$ |
| Government subsidies or grants | \$ | Investments | \$ |
| NET Bar Profit | \$ | Fixed Assets (e.g. Furniture/Equipment- | |
| NET Trading Income | \$ | /Building/Land & Motor Vehicles | \$ |
| Other | \$ | Other | \$ |
| Total Revenue | \$ | Sub Total | \$ |
| EXPENSES | | LIABILITIES | |
| Salaries and wages | \$ | Bank Overdraft | \$ |
| Rent | \$ | Amount you owe to others | \$ |
| Interest paid | \$ | Loans or Mortgages | \$ |
| Non-cash (e.g. depreciation) | \$ | Other | \$ |
| Other | \$ | | |
| Total Expenses | \$ | Sub Total | \$ |
| Net Income Or Loss: | \$ | Total Net Assets | \$ |

Please attach a copy of the Accounts from which the above details have been taken plus the relevant Annual Report (if any). Please also attach a photocopy of the latest bank statement for each account held.

If you enter your Organisation's name and postal address in the panel at the bottom this section will be returned to you as an acknowledgement of receipt of your application and an indication as to when the results of your application will be announced.

Your application has been received and is being processed. It will be considered by Trustees in _____ and any donation approved will be announced in _____

Meantime, if there are any developments which materially affect your Organisation or the project for which funding is being sought, please advise the Trust Office immediately (Freephone 0800 654 546, ph 07 578 6546, fax 07 578 7357, info@baytrust.org.nz).

Bruce W Cronin
Trust Manager

This application has the formal approval of our controlling Board/Community/Authority, and

- to the best of our knowledge the information provided herein and in supporting documents is true, correct and complete and further information provided by us during the course of assessment of this application will be true and correct.
- We acknowledge that any decision made by BayTrust is final.
We accept that no reasons for such decision will be given nor any correspondence entered into.
- We understand that any funds provided by the Trust will be for the specific purposes outlined in this form, and the Trust may seek confirmation that any donation has been properly applied.
- We agree to provide the BayTrust with such information and reports as it may reasonably require regarding the use of any donations it makes to this organisation.
- **Privacy:** We authorise the BayTrust to make such enquiries as it deems fit in considering the application; and we accept and agree that details of any donation the Trust makes to our organisation may be made public.

PLEASE NOTE:

Applications should be received at least 5-6 months before your project is due to start.

An incomplete application form or missing documentation may *delay or prejudice* consideration of your application. It is in your Organisation's interests that you validly tick the following boxes:

- All questions fully answered.
- Attached: Foundation Document (Constitution, Deed, Rules, etc.)
- Attached: Letter of support from "parent" organisation (where appropriate).
- Attached: Detailed costings, quotes, estimates.
- Attached: Bank Deposit Slip.
- Attached: Copy of most recent audited accounts, including Auditors' Report.
- Attached: Photocopies of latest Bank Statement for each account held.
- Attached: Income Tax Exemption Letter (not Resident Withholding Tax or GST exemption) (if appropriate)

For and on behalf of our organisation (Two officers must sign)

| | | |
|---------------|-----------|-------------|
| Name (print): | Signature | Designation |
| Name (print): | Signature | Designation |
| Date | | |

Please post this application to the address below. Faxed or Emailed applications will not be accepted.

**The Trust Manager
BayTrust
PO Box 13322
TAURANGA**