Central Critical Need Grant Application (Regions)
Form Preview

Central Critical Need Grant Application

Critical Need Grant Information and Instructions

NOTE: Critical Need Grants were previously called Fast Track Grants.

Confidentiality is of utmost importance for these applications.

1. All applications must be submitted and or assessed by the Region Charity Officer and approved by the Divisional Grand Almoner.
2. Monies not used, either surplus or not used for the intended purpose of the grant, must be returned to The Freemasons Charity.
3. Be sensitive with a brother, remember he has been a giver not a receiver, however **need** still must be proved.
4. Do not use the Critical Need Grant Application if the applicant needs a higher level of assistance.
    - We do not pay recipients with cash.
    - Critical Need Grants are given in grocery, fuel or other relevant vouchers.
    - Receipts for the vouchers must be uploaded to this system within two weeks of purchase.

If you have any questions in regards to the application process, please contact your Region Charity Officer or charityadmin@freemasonsnz.org.

Incomplete applications will not be considered.

Eligibility

* indicates a required field

I confirm that...

- this grant request is for critical or emergency relief of need.
- the beneficiary will only be provided with food, fuel or other relevant vouchers - not cash.

*

☐ Yes ☐ No

Has the applicant previously received a Critical Need or Fast Track grant? *

☐ Yes ☐ Unsure
☐ No

Amount of Previous Critical Need or Fast Track Grant Awarded *

$

Must be a dollar amount.

Date Awarded *

Must be a date.

Lodge Details

* indicates a required field

Details of Lodge making the application

Region - Central *

Click the dropdown list to select your Region

Lodge Name and No. *
Organisation Name

Please type in the name and number of the Lodge making this application

Lodge Secretary *
First Name Last Name

Lodge Secretary Email *

Must be an email address.

Is the Lodge Secretary the person filling out the form? *
- ○ Yes
- ○ No

Lodge Bank Account

Central Division - Lodge *

Bank Account *
Account Name

Account Number

Must be a valid New Zealand bank account format.
XX-XXXX-XXXXXXX-XXX

Region Charity Officer Contact Details

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Region Charity Officer *
First Name | Last Name

Primary Email *
Must be an email address.

Is the Region Charity Officer the person filling out the form? *
- ○ Yes
- ○ No

Applicant Details

* indicates a required field

Name *
Title | First Name | Last Name

Address *
Address

Address Line 1, State/Province, and Postcode are required. Country must be New Zealand

Email
Optional

Phone Number *

Does the applicant have a spouse or partner? *
- ○ Yes
- ○ No

Does the applicant have children? *
- ○ Yes
- ○ No

Spouse / Partner

Name *
First Name | Last Name

Children

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Name *
First Name | Last Name

Age of Child

Age *
Must be a number.

Name
First Name | Last Name

Age
Must be a number.

Name
First Name | Last Name

Age
Must be a number.

Name
First Name | Last Name

Age
Must be a number.

Critical Need Grant Application Details

* indicates a required field

Amount requested? *

$

Must be a dollar amount and no more than 1000.

What are the financial circumstances showing need? *

Provide a short description. Please include what other financial / government assistance is being received.

What are the relevant compassionate factors? *

What other support is the Lodge planning to help the applicants ongoing needs?

Briefly list (bullet points) the specific activities that the Lodge can assist with.

Do you have any supporting documentation to attach to this application? *

- ○ Yes
- ○ No

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Information supporting the applicant receiving a second or subsequent grant *

Where the applicant has previously received a grant, please provide details of change circumstances and other factors supporting additional assistance

Supporting Documentation

Please attach supporting documentation

Please upload documents here
Attach a file:

Region Charity Officer Confirmation

* indicates a required field

I confirm and certify that:

- I have assessed the personal circumstances and they are in need of assistance;
- I am content that granting this application will not create a precedent for further requests;
- I am satisfied, from a Freemason's perspective, the relief is appropriate;
- As Region Charity Officer, I am supporting this application for approval by the Divisional Grand Almoner.

*

○ Yes ○ No

Person filling out the form

Name *

First Name Last Name

Only fill this in if you are not the Lodge Secretary or the Charity Officer

Position *

Email *

Must be an email address.