

# 24-25 Potter Masonic Trust Application Form

## Form Preview

### Eligibility and Criteria

\* indicates a required field

#### Guidelines for Applicants

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions to ensure your application is fitted to the granting criteria.

If you have any questions in regard to these eligibility criteria, please contact: [pottermasonictrust@freemasons.nz.org](mailto:pottermasonictrust@freemasons.nz)

#### Eligibility

##### **The beneficiaries must be:**

- located in northern half of North Island (Gisborne Taupo and northwards)
- up to 18 years of age

##### **Must be related to outcomes for young people focusing on:**

- Education and Development
- Welfare and well-being
- Health
- Recreation

##### **The organization must be:**

- A NFP organization
- Demonstrate financial viability
- Not owing any reports or money to The Potter Masonic Trust or The Freemasons Charity
- Have the appropriate type and level of insurance for activities that are subject of the grant

##### **Requests NOT able to be supported:**

- Activities Outside NZ
- Private School Fees
- Commercial Business Costs
- Buildings/Rent
- Printed Consumables
- Computer Software
- Administration and Staffing Costs
- Credit Card or Hire Purchase Debt
- Cash grants

#### Criteria

##### **Criterion\***

##### **Description**

##### **Opportunity for change**

# 24-25 Potter Masonic Trust Application Form

## Form Preview

The extent to which the grant will provide opportunity for the young people specified in the application to:

- expand their comfort zone
- increase their self-confidence, self-worth and/or resilience
- develop and grow by attaining life and social skills including, for example, communication skills
- be inspired to change
- improve the lives of those participating
- break-out of their current circumstances, where these are detrimental to their future.

### **Improve Health**

The extent to which the grant will improve the mental or physical health conditions of the young people specified in the application. This includes the extent to which the grant will assist young people:

- with support when faced with chronic physical health conditions
- to improve their mental health (this may include opportunities to be with others with similar conditions to help them understand they are not alone in their condition)
- to thrive physically and mentally

This criterion also includes the extent to which the grant will enable research or changes in policy settings to:

- improve the lives of young people with chronic health conditions or;
- develop and deliver programmes that will help young people thrive physically and mentally

*This criterion **will not** include consideration of grants for the provision of health treatments which should be provided by the State.*

### **Respite to Family**

The extent to which the grant will provide respite to the family and other supporters of the young people specified in the application.

In considering respite, factors to think about may include the number of people who will receive respite, the duration of the respite, the degree of support already available to the family and the magnitude of the challenges faced by the family on a daily basis in supporting the young people in the application.

### **Access to support**

The extent to which the grant will provide access to young people who are otherwise unable to access the support needed. This includes consideration of the extent to which the young people in the application are economically disadvantaged and the extent to which the grant would help level the playing field.

Special consideration will be given to any application for support to young people who have been orphaned.

### **Demonstration of the Values of Freemasonry**

# 24-25 Potter Masonic Trust Application Form

## Form Preview

The extent to which the outcomes of the grant-funded activity demonstrate the values of Freemasonry (Masonic Values). That is the extent to which the grant will assist young people in the development of the following:

- Respect: by encouraging tolerance and understanding amongst young people.
- Leadership: by developing leadership and growth amongst young people.
- Enjoyment: by providing an enjoyable and respectful environment for young people.
- Charity and welfare: by supporting young people to help those in need, to raise the quality of life within society, and to be a helping hand.
- The demonstration of compassion and improvement of society.

**\* Note:**

- 1.The order in which the Criteria are listed is arbitrary and nothing should be read from the order about the Criteria's relative importance to each other.
- 2.By young people we mean children up to and including the age of 18 years.

**If you do contact us throughout the application process, please quote the application number below:**

**Application Number**

This field is read only.

## Confirmation of Eligibility

**I confirm that the applicant ...**

- has read and understands the programme guidelines
- is able to demonstrate alignment between their project and the aims of this programme
- is a not-for-profit organisation
- is located in the eligible geographic area
- is able to demonstrate financial viability
- does not owe any reports or money to **The Potter Masonic Trust or The Freemasons Charity** as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant

**Please select below: \***

Yes  No

You must confirm that all statements above are true and correct.

## Contact Details

\* indicates a required field

### Applicant/Organisation Details

**Applicant \***

# 24-25 Potter Masonic Trust Application Form

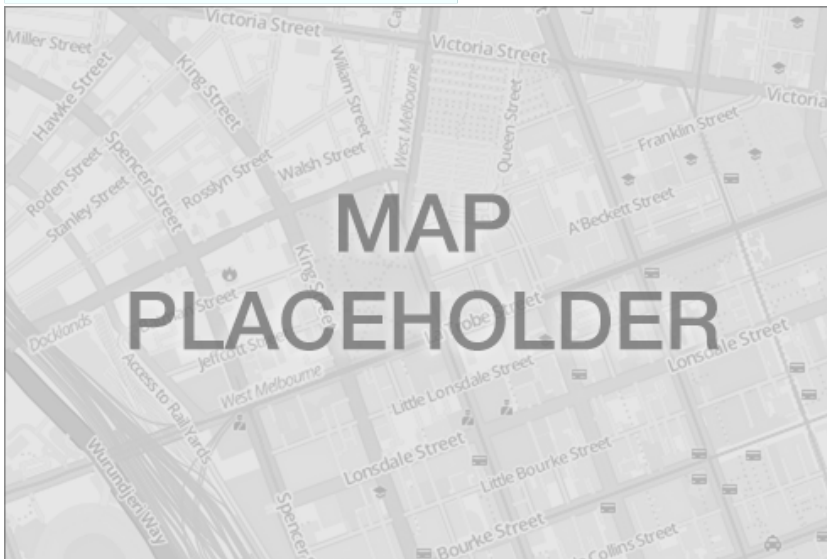
## Form Preview

Organisation Name

For organisations: please use the organisation's full name. Make sure you provide the same name that is listed in official documentation.

### Applicant primary address

Address

Applicant primary phone number \*

Applicant email address \*

Must be an email address.

Applicant website

Must be a URL.

### Primary Contact Details

Primary contact \*

Title      First Name      Last Name

This is the person we will correspond with about this grant.

Position held in organisation \*

# 24-25 Potter Masonic Trust Application Form

## Form Preview

e.g. Manager, Board Member, Fundraising Coordinator.

**Phone number \***

**Email address \***

This is the address we will use to correspond with you about this grant.

## Organisation Details

\* indicates a required field

**What is your organisation's purpose or mission?**

**Is your organisation a registered charity? \***

Yes  No

## Charity Registration

**NZ Charity Registration Number (CRN)**

The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

New Zealand Charities Register Information
Charity Registration
Number
Organisation Name
Other Names
Status
Street Address
Postal Address
Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

# 24-25 Potter Masonic Trust Application Form

## Form Preview

### Project Details

\* indicates a required field

**Project title: \***

Provide a name for your project/programme/initiative. Your title should be short but descriptive

**Anticipated start date**

**Anticipated end date**

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

**Please provide a short summary of your initiative \***

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu1> if you need some ideas about how to frame your response.

**Please explain the outcomes and benefits of your project \***

**Alignment - How will your initiative help The Potter Masonic Trust achieve our goals?**

### Potter Masonic Trust Funding Categories

**Please choose one which best represents your project intended beneficiaries or outcome. \***

### Anticipated Outcomes

**Please tell us about the outcomes you expect to result from this initiative.**

Outcomes are the changes you expect to occur for the beneficiaries of your initiative.

- Skills, knowledge, confidence, aspiration, motivation, (these are generally **immediate** or short-term outcomes)
- Actions, behaviour, change in policy (these are generally **intermediate** or medium term outcomes)

# 24-25 Potter Masonic Trust Application Form

## Form Preview

- Social, financial, environmental, physical conditions (these are generally **long-term** outcomes)

**List your initiative's anticipated outcomes and attached information in the following table. Leave blank any fields that do not apply to your initiative.**

Anticipated Outcomes	Timeframe	Indicator	Verification Method
Outcomes are the changes that you expect to occur as a result of your initiative. See information above.	See description above	What you will use to measure this outcome - e.g. "change in teenage pregnancy rates from x to y"	e.g. survey; interviews; focus groups

**Please list all beneficiaries you anticipate will impacted by your initiative.**

**Indirect beneficiaries:**


Please outline how you will recognise the contributions and participation of donors.

**Please outline how donors will be acknowledged \***

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## Inputs (Budget)

\* indicates a required field

**Total Amount Requested**

\*

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

**Total Project/Program Cost**

\$
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What is the total budgeted cost (dollars) of your project?

Budget Upload

# 24-25 Potter Masonic Trust Application Form

## Form Preview

If you have a separate document outlining your budget for this project please upload it here. Otherwise you can enter your budget in the next section.

**Do you have a budget document to upload?**

- Yes
- No

**Upload your budget here:**

Attach a file:

### Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	
			\$	
			\$	
			\$	

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	
		\$	

### Budget Totals

**Total Income Amount**  
 \$   
 This number/amount is calculated.

**Total Expenditure Amount**  
 \$   
 This number/amount is calculated.

**Income - Expenditure**  
  
 This number/amount is calculated.

### Bank Account Details

\* indicates a required field



# 24-25 Potter Masonic Trust Application Form

## Form Preview

Please provide your nominated bank account details. *If your application is approved, funds will be paid out into the bank account provided here.*

### **Nominated Bank Account \***

Account Name

Account Number

Must be a valid New Zealand bank account format.

### **Proof of Bank Account / Bank Deposit Slip \***

Attach a file:

Please provide a Bank Deposit Slip or a screenshot of your nominated bank account with the Account Holder name and Bank Account number visible.

## Applicant Capacity

\* indicates a required field

**Now that we know about your project/programme, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application.**

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

Please upload a copy of the following documents.

*Your application will not be accepted without these documents.*

**Most recent Audited Accounts: \***

Attach a file:

**Trustee Resolution authorising application for this grant: \***

Attach a file:

# 24-25 Potter Masonic Trust Application Form

## Form Preview

### Certification and Feedback

\* indicates a required field

#### Certification

This section must be completed by an appropriately 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 for 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

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

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

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

Any further information?