

23-24 Potter Masonic Trust Application Form

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Eligibility

* 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: charityadmin@freemasons.nz.org

General Guidelines for Applications to the Potter Masonic Trust

The Potter Masonic Trust provides grants to **organisations located in the northern half of the North Island - from Gisborne / Taupo northwards;**

- Projects should be related to outcomes for **children**; focusing on :

Education and Development

Welfare and Well-Being

Health

Recreation

- **Children** are those aged up to 18 years of age;
- Community involvement/engagement is a desirable aspect of all applications. Please show how this is achieved;
- Grants are usually made in support of projects. The Trust does not generally grant scholarships;
- Funding is not provided for administrative functions, salaries/wages or consumables.

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 program guidelines
- is able to demonstrate alignment between their project and the aims of this program

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- 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 Details

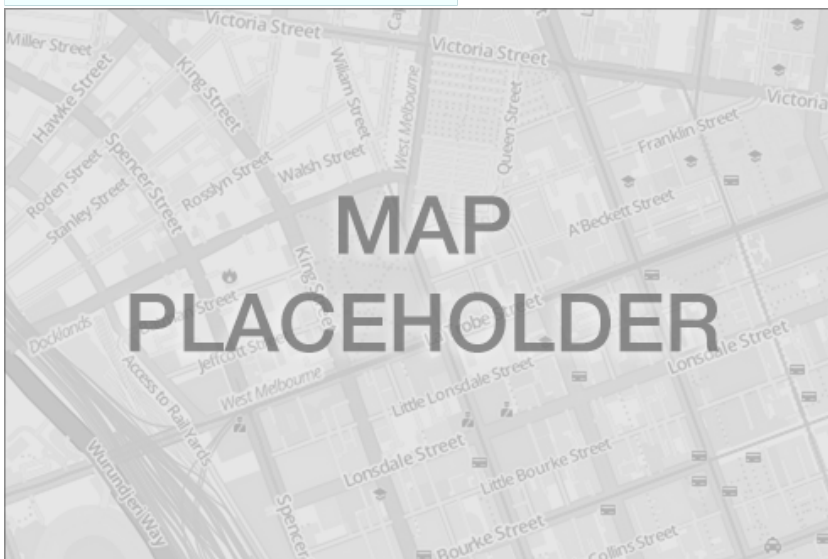
Applicant *

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 *

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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 *

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)

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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.

Project Details

* indicates a required field

Project title: *

Provide a name for your project/program/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.

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

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Please explain the outcomes and benefits of your project *

Potter Masonic Trust Funding Categories

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

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)
- 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.

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Please outline how donors will be acknowledge *

Inputs (Budget)

Total Amount Requested

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

Total Project/Program Cost

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

Budget Upload

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
			\$	
			\$	
			\$	
			\$	

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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.

Applicant Capacity

* indicates a required field

Now that we know about your project/program, 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.

Most recent Audited Accounts;

Copy of Trustee Resolution authorising the application for this grant

Bank deposit slip

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 provide a link to; or upload a copy of the following documents.

Your application will not be accepted without these documents.

Most recent Audited Accounts: *

Attach a file:

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Trustee Resolution authorising application for this grant: *

Attach a file:

Proof of Bank Account / Bank Deposit Slip *

Attach a file:

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?