

Joe Aspell Trust – October 2011

Organisation name: _____

Purpose: The Trust distributes funds for the care, benefit, maintenance, upbringing, education, life advancement and general welfare of young people who are socially disadvantaged. The young people must reside in Wellington City.

Criteria		
No.	Criteria	Tick if met
1.	The project makes a positive contribution to achieving the Joe Aspell Trust's stated aim to enrich the lives of socially disadvantaged young people living in Wellington City.	<input type="checkbox"/>
2.	The project is Wellington-based and primarily benefits the people of Wellington.	<input type="checkbox"/>
3.	The project is physically and financially accessible either by a wide range of persons or by the intended users.	<input type="checkbox"/>
4.	The project shows evidence of community support, collaboration and partnership building with other organisations (eg letters of support from other organisations/leaders).	<input type="checkbox"/>
5.	The applicant is a legally constituted group or organisation (ie not an individual or individuals), and the principal intent of the project is not for private or commercial, financial gain.	<input type="checkbox"/>
6.	The applicant demonstrates an awareness of the Treaty of Waitangi, particularly when involving mana whenua and taura here.	<input type="checkbox"/>
7.	The applicant group provides evidence of (or, if a new group, systems for): sound financial management; good employment practice (where applicable); clear and detailed planning; well-defined performance measures; and a demonstrated ability to report back on past funding.	<input type="checkbox"/>

For advice regarding eligibility and criteria, phone a grants advisor on 803 8562.

Your project will be deemed ineligible for consideration if it commences before six to eight weeks after the closing date. It is essential that you have accounted for any previous grants from Wellington City Council.

Completed applications must be received by the Wellington City Council grants coordinator **no later than 5pm, Monday 31 October.**

PLEASE ENSURE THIS FORM IS COMPLETED IN FULL. All applications will be acknowledged and applicants notified of the results.

Please note that faxed, emailed or late applications are not accepted.

Organisation details

Organisation name: _____

Postal address: _____

Street address (if different from above): _____

Contact person's name: _____ Role: _____

Phone: _____ Email: _____

Alternative contact person: _____ Role: _____

Phone: _____ Email: _____

Are you registered for GST? Yes No GST number if registered: _____ / _____ / _____

Bank account no: _____

Legal status: Trust Incorporated society Limited company Other _____

How long has your organisation been operating? < 1 year 1-5 years > 5 years

Project details

Give a one sentence summary of your project _____

Start date: _____ / _____ / _____

Finish date: _____ / _____ / _____

Total project cost: \$ _____ Your contribution: \$ _____

Grant amount requested: \$ _____

Checklist – attachments required: (see application guide for more details)

- Project description of not more than four pages using the following headings:
 - Project description
 - Outcomes
 - Need identification
 - Marketing
 - Previous funding details
- Project budget (include written quotes for budgeted costs where possible)
- A copy of your most recent annual accounts or other evidence of your organisation's financial situation.
- A printed (encoded) bank deposit slip for us to use if your application is successful (handwritten forms are not accepted).
- Letter/s of support from a reputable established group associated with your project (if you have not been funded by Wellington City Council in the last three years).

Declaration: *I am authorised to act on behalf of the organisation named above. The information supplied here and in the attached application is correct, and I consent to the information contained in our application being made available to the public. This consent is given in accordance with the Privacy Act 1993.*

Name: _____

Signed: _____ Dated: _____