
THE HEALTHCARE OTAGO CHARITABLE TRUST

Community Organisations

Application for Funds

(Please note: Preference for funding will be given to those organisations who have not received funding within the last three years.)

1. Date of submission:

2. Name of (principal) applicant:

Address of (principal) applicant:

Contact Number of (principal) applicant:

Signature: Email:

3. Organisation employing (principal) applicant:

Postal Address:

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Responsible Officer endorsing application, confirming that funding sought complies with the organisation's guidelines, and signifying preparedness to assume responsibility for handling any monies

Name and position:

Signature: Email:

4. Amount requested (GST inclusive) Date required.....

Year 1 \$.....

(if applicable) Year 2 \$.....

(if applicable) Year 3 \$.....

5. Account number for funds to be credited if successful:

6. Charitable Purpose to which funding will be applied:

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7. Benefits to applicant(s) or their organisation that are consistent for the Trust's purpose and expected health benefits to the communities of Otago. This is an important consideration to the Trust when approving funds and applicants should feel free to attach an extra page of information.

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8. Please let us know what areas and communities of Otago will benefit from this application:

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9. Attach additional documentation under the following headings:

- Background of the organisation and justification of this application.
- Detailed budget including cost quotations.
- Other funding bodies from which support has been requested, and amounts (Note this Trust must be notified of funding received while considering this application).
- A copy of the organisation's last audited annual financial statements.
- Name and address of three potential referees or endorsements of the services you provide.
- A Bank Deposit Slip

Email completed applications and supporting documentation to:



secretary@hcocharitabletrust.co.nz

OR



Secretary
The Healthcare Otago Charitable Trust
PO Box 5848
Dunedin 9058

Please note: Unless otherwise informed on this application, The HCOCT can include any grant information on their website.
<https://hcocharitabletrust.co.nz>

FOR OFFICE USE ONLY

Confirmed:

Date:

Amount approved: \$

SDHB code

Trust Fund:

Region applied to:

Dunedin Alexandra Balclutha Cromwell Kurow Lawrence Milton

Oamaru Palmerston Ranfurly Roxburgh Tapanui Wanaka Other
