

THE HEALTHCARE OTAGO CHARITABLE TRUST

# Application for Funds Community Organisations

(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, address, contact numbers and position of (Principal) applicant for correspondence

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

3. Organisation employing (Principal) applicant.

\_\_\_\_\_  
Postal address \_\_\_\_\_

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

Name and position \_\_\_\_\_

Signature \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Benefits to applicant(s) or their organisation that are consistent with 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.

---

---

---

---

8. 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 who may be asked about this proposal.
- Bank Deposit Slip

---

**Forward completed applications and supporting documentation to:**  
[secretary@hcocharitabletrust.co.nz](mailto:secretary@hcocharitabletrust.co.nz)

**or post to: The Secretary,  
The Healthcare Otago Charitable Trust,  
P O Box 5848,  
DUNEDIN 9058**

---

**FOR OFFICE USE ONLY**

Confirmed:

Date:

Amount Approved: \$

Trust Fund:

Account no:

Region applied to:

Dunedin	Alexandra	Balclutha	Cromwell	Kurow	Lawrence	Milton
Oamaru	Palmerston	Ranfurly	Roxburgh	Tapanui	Wanaka	Other

---