

**COMMUNITY GRANTS 2024-25**

**APPLICATION FORM**

**BEFORE APPLYING**

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| **You must be able to answer “YES” to all of the following:** | **Yes** |
| I am seeking funding towards a project that will help people living in Auckland Airport Community Trust’s **Area of Benefit** |  |
| I have **read the guidelines** before applying to ensure my project meets the Trust’s criteria |  |
| Our organisation is a registered charitable trust, or not-for-profit organisation that meets Auckland Airport Community Trust’s charitable objectives |  |
| Our project will be delivered between **January 2025 – December 2025** |  |
| Our project has **clear outcomes** and indicators of progress |  |

1. **CONTACT DETAILS FOR YOUR APPLICATION**

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| --- | --- | --- |
| * 1. **Name of Organisation:** |  | |
| * 1. **Contact Person:** |  | |
| * 1. **Position:** |  | |
| * 1. **Phone:** |  | |
| * 1. **Email:** |  | |
| * 1. **Postal Address:** |  | |
| * 1. **Where did you hear about the Auckland Airport Community Trust’s funding?** | Have applied for funding before |  |
| Auckland Airport Community Trust website |  |
| Newsletter |  |
| Local newspaper |  |
| Community noticeboard |  |
| Word of mouth |  |
| Social media |  |
| Online search |  |
| Other (please specify) |  |

1. **YOUR ORGANISATION’S DETAILS**

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| --- | --- | --- |
| * 1. **Organisation’s Legal Status:** | |  |
| * 1. **Charities Commission No.** (if applicable) | |  |
| * 1. **GST No.** (if applicable) | |  |
| * 1. **Briefly describe your organisation’s mission/vision** | | |
|  | | |
| * 1. **Number of paid staff** | * 1. **Number of volunteers** | |
|  |  | |
| * 1. **In general, where does your organisation get funding from?** | | |
|  | | |
| * 1. **Have you applied to this fund before (regardless of whether you were successful)?** | | |
|  | | |

1. **ELIGIBILITY**

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| --- | --- | --- | --- | --- | --- |
| * 1. **Your project must support people living within the Trust’s designated Area of Benefit - please explain how your initiative fits the Trust’s Area of Benefit by telling us:** * **Which communities/suburbs will benefit from your initiative** * **If applicable, which Area of Benefit schools you intend to work with**   *For an Area of Benefit map, and a list of eligible schools, please visit:* [*http://www.aucklandairportcommunitytrust.org.nz/Eligibility/Area\_of\_Benefit*](http://www.aucklandairportcommunitytrust.org.nz/Eligibility/Area_of_Benefit) | | | | | |
|  | | | | | |
| * 1. **Your project must support the Trusts funding priorities. Which of the following Trust priorities does your project meet?** | | | | | |
| **Education** |  | **Community** |  | **Arts & Culture** |  |
| **Environment** |  | **Sport** |  | **Health** |  |

1. **YOUR PROJECT/PROGRAMME SUMMARY**

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| --- |
| * 1. **Project/programme name** |
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| * 1. **Briefly describe your project/programme** |
|  |
| * 1. **What evidence is there that this project/programme is needed?** |
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| --- | --- | --- |
| * 1. **What difference do you intend to make through this project/programme?**   *Please think about how your project activities will help to deliver outcomes under the Trust’s priorities.* | | |
| **Your key project activities** | **Who will this help?**  *(& how many)* | **Intended outcomes**  *(what will change for the people that we reach)* |
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1. **EVALUATING IMPACT**

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| * 1. **What aspect(s) of your project do you plan to evaluate?** |
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| * 1. **What evaluation tools might you use to carry out your chosen evaluation?** |
|  |

1. **COLLABORATION**

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| --- |
| * 1. **Do you intend to work with other groups or organisations on this project? If yes, please explain how this will benefit the project.** |
|  |

1. **PROJECT FINANCES**

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| --- | --- | --- |
| * 1. **Funding request from AACT** (please include GST **only** if your organisation is not GST registered)   **Please note – AACT grants to a maximum of $50,000.00.** | | |
| **$** | | |
| * 1. **Project budget** (please include GST **only** if your organisation is not GST registered) | | |
| **Expenses** | **Cost $** | **AACT Request $** |
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| **Total** |  |  |
| * 1. **Other secured project income** | | |
| **Funder** | **Expenses funded** | **Amount secured $** |
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| **Total** | |  |

1. **SUPPORTING DOCUMENTS CHECKLIST**

**Please complete the following checklist before submitting your application:**

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| --- | --- | --- |
| **We have:** | **Yes** | **No** |
| Sent the completed application form to Auckland Airport Community Trust  **Via e-mail:** [airporttrust@gmail.com](mailto:airporttrust@gmail.com)  To arrive no later than **5pm,** **Friday 2 August 2024** |  |  |
| Supplied annual accounts or audited annual accounts |  |  |
| Signed the authorisation below |  |  |
| Supplied letters of support *(optional)* |  |  |
| Provided supplier quotes *(if applicable)* |  |  |

1. **AUTHORISATION**

**Please sign this Application for Funding to confirm that you are authorised by your organisation to apply for the project described in the application form.**

In submitting this application I am authorised to apply for funding on behalf of:

|  |  |
| --- | --- |
| **Organisation:** |  |

For the support of:

|  |  |
| --- | --- |
| **Project/Programme:** |  |

I confirm that the information in the Application Form about our organisation and the project that the funds will be applied to is true and correct.

I understand that:

* Any personal information about individuals provided in this application will be used only to assist with the administration and assessment of your application.
* The information provided is restricted to the Auckland Airport Community Trust Trustees, other parties that may need to be consulted, officers of, and people contracted to act on behalf of the Auckland Airport Community Trust.
* Names of organisations receiving funding from the Auckland Airport Community Trust will appear in the Trust’s Annual Report and may appear in publicity material. You are entitled to access the information and correct it.

We acknowledge that the Auckland Airport Community Trust may seek additional information from our organisation in order to assess our application and we confirm that we will supply this information in an accurate and timely manner.

We acknowledge that the decision of the Auckland Airport Community Trust to award grants is final, that no reasons for a decision will be given and that no correspondence will be entered into.

We acknowledge that if our application is successful we will be required to sign a declaration:

* Committing funds only to this project,
* Committing to the repayment of any funds not used for the project back to the Auckland Airport Community Trust
* Agreeing to provide an accountability report as outlined on the grant agreement.

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| --- | --- |
| **Name:** |  |
| **Role in organisation:** |  |
| **Signature:**  *Please sign here if submitting your application by post* |  |
| **Signature Check Box:** | *Please select the check box by way of signature if submitting your application electronically* |
| **Date:** |  |