

COMMUNITY DONATION Request Form



P 03 520 9653, PO Box 351 Blenheim 7240
E admin@churchillhospital.co.nz

ORGANISATION DETAILS *(If you would like assistance with completing this form, please free to phone the office.)*

1 Name of Organisation: _____

What type of Organisation are you?: _____

ie: sports club, community group, trust, incorporated society, not-for-profit organisation

2 Address (Postal): _____ Post Code: _____

Address (Physical): _____ Post Code: _____

Telephone: _____ Email: _____

Website: _____

3 Contact Person: _____

Position in the organisation: _____ Email: _____

Phone (Business): _____ Phone (a/h): _____

Mobile: _____

4 Briefly State what is the purpose of your organisation, what services it provides or the activities it is involved with:

If you have a brochure or information sheet on your organisation, please feel free to attach this.

5 Income Tax Status

☐ Our organisation is registered with the Charities Commission. Our Number is CC _____

☐ Our organisation holds a current letter from IRD which grants income tax exempt status and a copy of this letter is attached.

☐ Our organisation is taxable.

IRD No. ____ / ____ / ____

Are you registered for GST? YES NO

6 Approximately how many full time equivalent (FTE) "Staff" do you have? *(FTE = average weekly hours divided by 40)*

Paid: _____ Voluntary: _____

7 Approximately how many people will directly benefit from your project or services? _____

8 If sponsorship is approved for your organisation, which account should be credited? _____

☐ Please enclose confirmation of your bank account. ie: deposit slip, bank statement.

Bank Name: _____ Account No: - - -

DETAILS OF PURPOSE

9 Please provide an outline of what this funding is for

You are welcome to attach any other information you feel is relevant

Amount Requested \$ _____

Event / Programme Location (town or region) and date/s

What is the profile of your target audience?

Who will benefit from the donation and in what way?

How will this donation benefit or improve the health and wellness of the local Marlborough community?

What other organisations (if any) will be involved with this event/programme or initiative?

10 In what ways are you able to acknowledge any donation received from Churchill Private Hospital Trust?

FINANCIAL DETAILS

Please complete the table below and let us know exactly what you would like us to assist with. If you are seeking assistance toward the purchase of item/s we will require 2 quotes for each item. If you are seeking assistance toward ongoing project delivery or operational costs then evidence of those costs in the form of quotes, previous years details (such as financial statements) or an approved budget will be required.

11 Specific Project Budget *(if you are registered for GST, please use GST exclusive amounts)*

Costs		Sources of Funding / Fundraising		
		<i>Please list all funding sources for this project only</i>		
Type of Expense	Amount		Amount	Confirmed
	\$	<i>This Application</i>	\$	yes no
	\$	<i>Organisation Contribution</i>	\$	yes no
	\$	<i>User Fees</i>	\$	yes no
	\$	<i>Sponsorship</i>	\$	yes no
	\$	<i>Donated materials and labour</i>	\$	yes no
	\$	<i>Fundraising</i>	\$	yes no
	\$	<i>Applications to other funders</i>	\$	yes no
	\$		\$	yes no
	\$		\$	yes no
	\$		\$	yes no
Total Costs (a)	\$	Total Funding (b)	\$	

Please ensure that Total (a) and Total (b) balance

☐ Please include 2 quotes for any capital equipment requested.

12 What financial or in-kind contribution is your organisation making to this project?

13 What contingency plans does your organisation have in place if this application is unsuccessful?

14 How do you plan to be funded in the long term?

15 If you have cash reserves or investments, what is the total value and why can they not be used for the purpose outlined in this application? **Total Cash Reserve \$** _____

DECLARATION AND PRIVACY ACT 1993 AUTHORISATION *(all applicants to complete)*

This declaration and authorisation relates to information in this application that the Churchill Private Hospital Trust may hold about your organisation now or in the future.

- We hereby declare that we are authorised to submit this application and that any donation received will be used for the purpose for which it was approved. Churchill Private Hospital Trust may seek confirmation that any donation has been properly applied.
- We authorise Churchill Private Hospital Trust to use this information for the purposes of administration and consideration of this application.
- We authorise Churchill Private Hospital Trust to advertise or publish the name of our organisation, the purpose of the application and the amount of the donation approved if this application is successful.
- We confirm that the information provided in this application is true, correct and complete.
- We acknowledge that any decision made by Churchill Private Hospital Trust is final.

Signed on behalf of the organisation by:

Name: _____

Signature: _____

Designation: _____

Date: _____

Name: _____

Signature: _____

Designation: _____

Date: _____



HAVE YOU INCLUDED:



Tax exemption *(if applicable)*



Confirmation of bank account



Any supporting information



Quotes / financial statements / approved budget

Your completed application form can be scanned and emailed to admin@churchillhospital.co.nz or posted to:

The General Manager

Churchill Private Hospital Trust

PO Box 351

BLenheim 7240

IMPORTANT NOTES:

Approved purposes:

The Churchill Private Hospital Trust is a charitable trust established in 1994 for the purpose of providing private healthcare in Marlborough. The Trust also supports the health and wellness of the residents of Marlborough, New Zealand.

Approved purposes include:

- Purchase of medical equipment for public use
- The support of community based programmes which promote health initiatives and prevention programmes
- The support of local charities which promote the health and welfare of the people of Marlborough
- The support of organisations providing programmes which promote healthy lifestyles (including sport)

Eligibility

- Any amateur sports club which is open to the general public and which is affiliated to a recognised or national body.
- Any charitable or not for profit organisation (including sport associations and schools) which directly benefit the health and welfare of the people of Marlborough

Please note:

- Any approved donation cannot be used to cover costs which have been paid for before the donation is approved at our board meeting.
- Any approved donation must be used for the specific purpose it was requested.
- Any approval is a one-off donation and does not tie the Trust in to an ongoing commitment with the successful organisation.
- Trustees reserve the right to request evidence that the funds have been used for their intended purpose.

The Board of Trustees will consider requests at least bi-monthly. It is recommended that any application is made 9 weeks prior to the date funds are required. To find out when the requests are next being considered, please contact the General Manager.

FOR OFFICE USE

Date Received

Application Number

CC Cert ☐

IRD T/E2 ☐

Quotes ☐

Bank A/C ☐

Amount Requested

Board Signatures

Fully Approved

Partially Approved

Declined

DATE PAID

Advice Sent

Category

AMOUNT OF GRANT