



NELSON ANGLICAN CARE CHARITABLE TRUST ANGLICAN CARE

If you need any assistance with this funding application or in planning your project/service please contact:

Office 03 548 3124
Email: deborah@nelsonanglican.org.nz

Application for Funding

Application from Parish(es)

Application made by

Position in the Parish

Date of Application:

How much are you applying for?

Category

- A. Children and/or young people
- B. Families
- C. Senior Citizens
- D. Individuals

1. Project Name

2. Project Background

2.1 What need has led to the project?

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2.2 How was the need identified?

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2.3 Who from the wider community have been consulted? (Individuals and/or groups)

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2.4 How does the project fit into the overall mission of the parish(es)?

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2.5 What support exists within the parish(es) for the project? (In addition to church support listed, please attach a letter of support from Vestry [ies].)

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2.6 What support exists within the wider community for the project?

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3. Description of project/service:

3.1 What is the project/service?

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3.2 Is this a new/existing project? (If existing, how long has it been in operation?)

3.3 How will you deliver it?

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3.4 When will it run?

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3.5 Who will use it?

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3.6 *Where will it be located?*

3.7 *How will people know about it?*

4. Project/service operation

4.1 *What are the expected project outcomes?*

4.2 *Who is responsible for overseeing the project?*

4.3 *Do you have written Job Descriptions, safety policies etc?*
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4.4 *What training (initial and ongoing) and support is offered to those involved in project delivery?*

4.5 *What processes are built in for evaluation/reflection?*

4.6 *What systems are in place to promote sustainability?*

5. Budget

5.1 *You need to provide a breakdown of how the funds will be used. (Give annual or total cost. No "Sundry" or "Miscellaneous" amounts. Travel costs are to be estimated at 50c per km. Please show income and expenditure along with parish commitment. You can attach a separate budget.)*
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5.2 Have approaches been made to other funding sources? (If so, please give details outlining the amount requested and the date of application.)

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5.3 Are the monies requested a grant or loan? (If a loan, indicate the rate at which or when you can repay this.)

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6. Anglican Care

6.1 Are you willing to use the Anglican Care logo on any material relating to this project? Yes / No

6.2 Do you agree to abide by the Anglican Care Code of Ethics in providing this service? Yes / No

6.3 If granted funding from the Anglican Care Trust do you agree to provide a review report within six months or one year? Yes / No

Office Use

Date application received:

Date of meeting(s) when considered:

Outcome:

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Evaluation report due: