



## NELSON ANGLICAN CARE CHARITABLE TRUST

If you need any assistance with this funding application or in planning your project/service please contact: Gerrie Mead, Social Services Enabler

Office 03 548 3124

Email to: [gerriem@nelsonanglican.org.nz](mailto:gerriem@nelsonanglican.org.nz) or [deboraho@nelsonanglican.org.nz](mailto:deboraho@nelsonanglican.org.nz)

Note: *This application must be accompanied by a copy of the resolution from your Parish Vestry (or Deanery) supporting the project and approving the application. It is preferred if you type and email your application.*

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### **OLDER PERSONS' MINISTRY FUND** **FOR CRITERIA SEE GUIDELINES BOOKLET**

**\*\*\* CLOSING DATE: 1<sup>st</sup> August 2012 \*\*\***

#### **Application for Funding**

Application from Parish(es)/Deanery:

Application made by:

Position in the Parish/Deanery:

Contact details:

Date of Application:

**Amount requested:**

#### **1. Project / Programme Name and location**

#### **2. Description of Project / Programme**

2.1 Who/what will the funding be used for?

2.2 What outcomes do you expect?

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

2.4 What is the time-frame for your project and for what period do you anticipate needing funding?

### **3. Project Background**

3.1 What need has led to the project and how was that need established?

3.2 What wider community consultation has occurred? (groups or individuals) Are there any ongoing community and/or networking links proposed?

3.3 How will the parish(es)/Deanery support this project – including governance and infrastructure?

3.4 How does the project/programme support the principles, objectives and goals in the Health of Older People Strategy, the Positive Ageing Strategy and the concept of Ageing in Place. Refer Guidelines booklet.

3.5 Who is the project for (intended target group) and who do you expect to attend or benefit from this project?

3.6 How will people know about it?

#### **4. Funding for Salary or Volunteer reimbursement**

4.1 Please provide a job description noting skill requirements.

#### **5. Project/Service Operation**

5.1 What are the expected project outcomes?

5.2 Who is responsible for overseeing the project?

5.3 Do you have written Job Descriptions, safety policies, Police check protocols, mission statement etc?

5.4 What training (initial and ongoing) and support is offered to those involved in the project delivery?

5.5 What processes are built in for evaluation and reflection?

5.6 What systems are in place to promote sustainability of funding?

## **6. Budget**

6.1 Please provide a breakdown of how the funds will be used. (Give annual or total cost. No "Sundry" or "Miscellaneous" amounts. Give clear information about salaries and hourly rates. Travel costs are to be estimated at 36c per km. Please include a detailed budget including income and expenditure.

6.2 Have other funders been approached? (If so, please give details outlining the amount requested, the date of application and outcome (if known))

6.3 Do you anticipate a fee/part fee or donation from participants?

6.4 Will this grant cover the total cost?

6.5 If this grant does not cover the total cost how will the balance of your project be funded?

## 7. Anglican Care

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

Signature:

Position.

If application is approved please state-  
To whom the payment is to be made :

Bank a/c number:

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### Office Use

Date application received:

Date of meeting(s) when considered:

Outcome:

Evaluation report due:

Liaison Trustee:

Date Paid: