



St Andrews Family Trust

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

Office 03 548 3124
Email: social_services@nelsonanglican.nz

Application for Funding

Application made by:

Position:

Address for notification:

Bank Acc No for payment if grant approved:

Date of Application:

How much are you applying for?

1. Project Name

2. Project Background

2.1 What need has led to the project?

2.2 How was the need identified?

2.5 What support exists within the Church/community?

3. Description of project/service:

3.1 What is the project/service?

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

3.3 How will you deliver it?

3.4 When will it run?

3.5 Who will use it?

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?
(please attach)*

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 Please give a budget for the project including travel costs where applicable
(you may attach a budget)*

5.2 Have approaches been made to other funding sources? (If so, please give details outlining the amount requested, the date and the result of the application.)

6. Anglican Care

6.1 Do you agreed to use the St Andrews 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

Office Use

Date application received:

Date of meeting(s) when considered:

Outcome:

Evaluation report due date: