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**The Tindall Foundation Application Form 2024**

Anglican Care Network acts as a Local Donation Manager for The Tindall Foundation, a philanthropic family foundation working throughout Aotearoa to support families, community and the environment. We are what’s called a Faith Donation Manager meaning that we dis tribute donations on behalf of TTF to projects and initiatives that support TTF’s Family/WhānauFocus Area. We suggest you view their website tab Family for more information about this focus area <https://tindall.org.nz/family/> along with viewing their video <https://vimeo.com/335037391>

**Applicant Details**

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| **Name of Organisation:** |  | | | | | | | | | **Diocese:** | |  | |  | |
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| **Legal Status:** |  |  | | | **Charities Commission Registration #** | | | | | | | |  |  | |
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| **Postal Address:** |  |  |  | |  |  | |  |  |  | |
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| **Street Address:** |  | |
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| **Contact Person:** |  |  | | |  |  | **Position:** | |  | | | | |  | |
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| **Phone:** |  | | | | |  | **Email:** | |  | | | | | |  | |
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| **Is the organisation**  **GST registered?** |  | | **Website:** | | |  |  | | | | | | | |  | |
| **Initiative Name:** |  |  | | |  |  |  | |  |  | |  |  |  | |
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| **Amount Requested:** | **$** | | | **per annum for** | | | |  | | | **years** | | |  | |
| (Maximum $15,000  for three years) |  | |

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| **Bank Account Name:** |  | | |  |
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| **Account Number:** |  |  |  |  |
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**About your organisation**

**What is the main purpose of your organisation and what are your key activities?**

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**Who is your organisation mostly trying to help or support?**

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**Gender Equality**

**Please describe how your organisation through its work, structure, and/or internal policies promote gender equality.**

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**Please describe how your organisation, through its work, structure, and/or internal policies promote diversity** **and inclusion?**

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**Kaupapa Māori**

**Please describe how your organisation works in a Kaupapa** **Māori way.**

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**What areas of delivery do you work in?**

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**How is your organisation supported by or endorsed by the Māori community?**

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**Initiative**

**Initiative name:**

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**Tell us about your initiative: Why there is a need, who will benefit, what you are intentionally doing through this initiative and plans you have in place?**

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**Tell us about the key people, organisations, and networks involved in this initiative.**

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| **Start date:** |  |  |  |  | **End date:** |  | | | |
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**Please describe what are you requesting the donation for?**(e.g. Administration and operational expenses such as wages, salaries, rent etc. Capital assets other than buildings. Loans or investment. Materials, office equipment, consumables and supplies. Project/programme costs. Promotional expenses and materials. Volunteer expenses and supplies).

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**In what locality/suburbs will this project take place?**

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**The Tindall Foundation priorities particular ways of working. Tell us how your initiative fits within those priorities – family/whanau.**

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**Outcomes**

We understand you wish to carry out this initiative to make a difference. We are interested to know how you are going to go about achieving this, including what outcomes you are planning to achieve, the actions you will undertake to achieve these outcomes as well as identifying how you will measure your success.

Please complete the following table giving specifics. It is important to note that if funding is approved you will be asked to report on this. Be sure to think about these outcomes carefully. Initial approval of funding and the monitoring of the effectiveness of your initiative can be based on what you state here. (Other conditions may also apply.)

**Tell us what you are trying to achieve through this initiative\***

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| **What are you trying to achieve?** | **How will you achieve this?** | **How will you measure your success?** |
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**Please give us examples of the impact and changes for participants/communities/environment that will result from your initiative.**

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**Initiative Budget**

Please complete the budget balance sheet below by entering the expected cost and income items of your initiative for each year you request a donation from us. Balance your budget between the total income and the total costs over all years by entering a single 'shortfall' or 'surplus' line item of the appropriate amount(s). Enter money values without $ sign, letters or commas.

Please note that donations do not include GST and beneficiaries of a donation do not need to account for a donation from The Tindall Foundation in their GST returns to the IRD.

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| **Expense description** | **Year (NZ$)** |
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| **Total** |  |

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| **Income Sources** | **Year** | | |
| Amount NZ$ | Confirmed? | Decision Date |
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| **Requested from The Tindall Foundation** |  |  |  |
| **Total** |  | | |

**Have you received Tindall funding for this initiative in the last three years? If yes, please provide details.**

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**Have you received government funding for this initiative in the last three years? If yes, please provide details.**

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**How will this initiative be funded after this donation has ended?**

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**Have there been any changes to your financial situation since your last annual accounts?** If yes, please provide details.

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**Do you anticipate any material changes to your current funding and/or expenditure**? If yes, please provide details.

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Please note that The Tindall Foundation may contact you for further information to proceed with your request.

**Attachments**

Please attach the following:

A recent copy of Bank Statement or Bank Deposit Slip.

A scanned copy of a bank deposit slip or statement showing the name of your organisation and bank account number. The names on the bank deposit slip or statement need to match your organisation's name. If they are different, evidence needs to be to be included showing that the names are the same organisation.

A copy of your latest income and expenditure report and balance sheet as reported to your Trustees (please note this may or may not be your most recent Annual Accounts).

Additional information e.g. project plan, detailed budget, business case, sustainability plan, research or evidence to support the application, etc.

**Please email completed application form to** [**anglicancarenetwork@gmail.com**](mailto:anglicancarenetwork@gmail.com)

**Date required: Friday 6 September 2024**