**OFFICE ONLY**

Date Rcvd:

# Grant Application 2021

# Introduction:

The Catholic Caring Foundation (CCF) is the Catholic Bishop of Auckland’s philanthropic arm.

The Foundation is funded by donations and bequests. It supports Catholic and local service providers that strengthen or support families, individuals, and communities in need who are located within the Auckland Catholic Diocese. (From the Far-North to Pukekohe, across to Thames and the Coromandel).

Grants are usually for sums up to $15,000 for one year.

In particular please note:

1. The CCF does not generally support national organisations, affiliates of national organisations, or organisations providing fee-based services to the charitable sector;
2. If your organisation received a grant last year and did not provide an Accountability Report, then you will not be considered for a grant this year;
3. Completion of this Grant Application is a pre-requisite to being considered for a grant.

Please complete (**retain a copy for your records**) and **EMAIL** your application with requested and supporting documentation, to [**info@caringfoundation.org.nz**](mailto:info@caringfoundation.org.nz)by

Friday 9th April 2021, 12 noon:

1. **Organisation Details:**

|  |  |
| --- | --- |
| Organisation Name: |  |
| Charities Services Number: |  |
| Catholic Caring Foundation Number: |  |
| Postal Address: |  |
| Street Address: |  |
| Website Address: |  |
| Contact Name: |  |
| Contact Job Title: |  |
| Contact Landline Number: |  |
| Contact Mobile Number: |  |
| Contact Email: |  |

1. **Organisation’s Purpose and Reach:**

Please describe your organisation’s purpose:

|  |
| --- |
|  |

Please list the areas/suburbs/districts you serve:

|  |
| --- |
|  |

How many Full Time Equivalent Staff and Volunteers do you have?

|  |  |
| --- | --- |
| **Staff:** | **Volunteers:** |

|  |  |
| --- | --- |
| Is your organisation a national or international organisation or one affiliated to a national or international organisation? | **Yes / No** |
| If yes what is the name of that organisation? | |

1. **Grant Amount Sought:**

|  |  |
| --- | --- |
| Amount Requested:  *(Typically grants are for sums up to $15,000)* | $ |
| Period to be covered by this Grant:  *(This should be the same as your financial year)* | 12 months beginning: |
| In what category of service:  *(Please refer to our website for a list of categories)* |  |

1. **How the Grant will be used? (Select One)**

|  |  |
| --- | --- |
| To cover general operating costs  *(We do not fund staff development, conferences, travel, fundraising, capital raising or major maintenance)* | **Yes / No** |
| To develop / enhance capability as a service provider | **Yes / No** |
| To provide a specific service / benefit to clients | **Yes / No** |

If the grant will be used for capability development, or a specific service/benefit please describe it:

|  |
| --- |
|  |

1. **Your Output Plans:**

How many individuals and/or families do you **plan** to support as part of this grant?

|  |  |
| --- | --- |
| **Individuals:** | **Families:** |

What other metrics will you use to measure the output of your organisation? What are your targets?

|  |  |
| --- | --- |
| **Describe the Output Measure** | **What is the Target?** |
| *Example: Number of 3-hour sessions* | *138* |
|  |  |
|  |  |
|  |  |

1. **Your Outcome Plans:**

What outcomes do you plan to achieve for the individuals and/or families you support?

|  |  |  |
| --- | --- | --- |
| **Outcome** | **How measured?** | **Outcome sought?** |
| *Example: Increased Self Esteem* | *Self-assessment Survey* | *85% said significant improvement* |
| *Example: Full time employment* | *Employer feedback* | *95% are in full time employment* |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Letters of Support:**

Are there any other non-affiliated service providers that you work with either for referral, as a co-provider, or for onward referral, who will endorse the work you do?

Please enclose copies of current (less than 12 months old) written and dated letters of support.

1. **Previous Grants:**

|  |  |
| --- | --- |
| Did your organisation receive a CCF grant in 2020? | **Yes / No** |

1. **Financial Statements:**

Please **include a copy of your most recent Annual Financial Statements.**

If these are with your auditors, please supply a copy of your draft Annual Financial Statements.

1. **Supporting Information:**

Please enclose any other relevant information that demonstrates the value your organisation is contributing to your community (*for example feedback survey results, performance evaluation results, testimonials, annual report etc*.)

1. **Declaration and Authorisation:**

* I am authorised to make this application on behalf of the above-named organisation;
* I declare the information provided in this application is accurate, true and correct and any further information requested or supplied will similarly be accurate, true and correct;
* I accept that the decision made by the Foundation is final, no reason will be given, and no correspondence on the Foundation’s decision will be entered into;
* If our Application is successful, we agree to provide any reports requested by the Foundation within agreed time frames;
* If our Application is successful, we agree to acknowledge the Foundation’s grant in our annual financial statements, and on our website and other social media platforms.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |

### Privacy:

* Access to the information you provide is restricted to the Board and staff of the Catholic Caring Foundation and those other parties that may need to be consulted during the process of researching and decision making on Foundation grants;
* Personal information you provide about individuals and/or families will only be used only to assist with the administration and assessment of this and future applications and will not be made public;
* We will seek your permission before writing about your organisation and its work in our newsletter to our donors;
* The names of Grant Recipients will appear in publicly available information.

**Checklist:**

|  |  |
| --- | --- |
| Please include a pre-printed deposit slip for your organisation’s bank account. |  |
| Have you included dated letters of support (less than 12 months old) from other non-affiliated service providers? |  |
| Have you included a copy of your most recent annual financial statements? (If these are with your auditors, please supply a copy of your draft Annual Financial Statements.) |  |
| Have you included any other relevant information that demonstrates the value your organisation is contributing to your community (*for example feedback survey results, performance evaluation results, testimonials, annual report etc*?) |  |

Please complete (**retain a copy for your records**) and **EMAIL** your application with requested and supporting documentation, to [**info@caringfoundation.org.nz**](mailto:info@caringfoundation.org.nz)by

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