

DONALD AND NELLYE MALCOLM TRUST

GRANT APPLICATION FORM 2021

APPLICATION DETAILS

1. Name of Applicant/Organisation: _____

2. Address: Street _____

Postal _____

3. Contact Person _____

Address _____

Contact Phone _____ Position _____

Cellphone _____

Email _____

4. Name of Principal Officials

(a) Chairperson _____

(b) Secretary _____

(c) Treasurer _____

5. Briefly state your Organisations Aims and Objectives

(Continue on separate cover if necessary)

APPLICATION DETAILS

6. Number of Members in Organisation? _____
Number of people expected to benefit from the grant _____

7. State the purpose of your application

(Continue on separate cover if necessary)

8. How much are you applying for? \$ _____
9. (a) Please provide details of your organisation's contribution to the project \$ _____
- (b) Balance of Cost \$ _____
- (c) TOTAL COST OF PROJECT \$ _____
10. Funds required by: (date) _____

APPLICATION DETAILS

11. Has your organisation received any grants from the Donald and Nellye Malcolm Trust in the last five years? (If so please provide details)

| <u>Year</u> | <u>Purpose of Grant</u> | <u>Amount</u> |
|-------------|-------------------------|---------------|
| 2014 | _____ | _____ |
| 2015 | _____ | _____ |
| 2016 | _____ | _____ |
| 2017 | _____ | _____ |
| 2018 | _____ | _____ |
| 2019 | _____ | _____ |
| 2020 | _____ | _____ |

12. Please include a copy of your organisation's most recent annual accounts and balance sheet. Please explain any unusual items.

13. Do you anticipate any significant change in your organisation's financial position in the next twelve months?

APPLICANT'S DECLARATION

This application has been lodged with the approval of our controlling committee and the information supplied is true and correct. I understand that the information provided in this application will be treated in confidence and available only to the Trustees and Trust Secretary for the purposes of deciding grant allocations and further understand that no discussion or correspondence shall be entered into between the applicant and the Trust. I understand also that a list of successful applicants and the sums granted to them will be made available to the public.

Name _____

Signed _____

Position _____

Date _____

Please return this form to the Trust Secretary, Leanne Kingan at the Waitaki District Council, 20 Thames Street, Oamaru, or post or email to:

Donald & Nellye Malcolm Charitable Trust
C/- Waitaki District Council
Private Bag 50058
Oamaru 9444

Email: lkingan@waitaki.govt.nz

Phone (03) 433 0300

Applications must be received by **4.00 pm on Friday 30 August 2021**