**Application for Funding HARDSHIP GRANTS**

For assistance with this application, please contact the Ministry Coordinator – Social Services

Office: 03 548 3124 Mobile: 0212893669 Email: socialservices@nelsonanglican.nz

* Applications are accepted from churches, community and support agencies on behalf of child(ren)/families and individuals
* CRITERIA: For the care of children (under 18), families, and elderly (over 65) who are disadvantaged and resident in Nelson, Tasman, Marlborough, Greymouth and Buller Districts
* Information provided remains confidential to this organisation and is retained for 7 years before being destroyed.
* If approved, we will send a formal letter to the recipient(s) to inform them of the decision and provide an introduction to our organisation.

|  |  |
| --- | --- |
| Date of Application: |  |
| Application from :(Organisation name/ Parish) |  |
| Application made by: (name) |  |
| Position Title: |  |
| Contact Email Address:  |  |
| Contact Phone Number: |  |

**Application For:**

|  |  |  |
| --- | --- | --- |
| Name(s) | Age(s) | Ethnicity |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Name of Parent(s)/Care Giver(s): |  |
| Number of Other Dependants: |  | **Ages:** |
|  |  |  |

**Recipient(s):**

|  |  |
| --- | --- |
| Street Address: |  |
| Town/City: |  |
| Postcode: |  |

1. **What is this application for?**
2. **How is/are this/these person(s) in a disadvantaged position?**
3. **What is the benefit to the recipient?**
4. **Please describe the family/whanau context** (church/other agency/ community support)

eg is the individual/family a discretionary beneficiary of a family trust; are other family able to contribute; (Continue on separate page if necessary)

1. **Does this person(s) receive support from other organisations / faith communities / or others in the community?** Please describe all wrap-around support. Please include other grants that were applied for in the last year.
2. **Brief overview of financial circumstances**
3. **How much are you applying for? $**
4. **Have you included a quote / invoice / link to items / services needed?**

[ ]  **Yes** [ ]  **No**

**If needed, provide links here or via email:**

**If approved, how should we make payment?** (receipts are required for audit purposes)

Payment to:

Bank details: (direct credit preferred)

Bank Reference: (for direct credit)