

# The Cerebral Palsy Society of NZ

## Grant Application for Organisations



*The Cerebral Palsy Society's Mission:  
To enhance the lives of people with cerebral palsy in New Zealand*

### A) Guidelines for Organisations:

Grants are available to Organisations registered with the Companies Office or Charities Commission  
The grant must primarily benefit people with cerebral palsy (in New Zealand)  
No retrospective funding will be considered.  
Items normally funded by Government will not be considered.

### B) Details of Organisation:

**Registered Name:** \_\_\_\_\_

Type of Organisation: \_\_\_\_\_ Comp. or Charities reg. number: \_\_\_\_\_

Name of person filling out application form: \_\_\_\_\_

Position of person filling out form: \_\_\_\_\_

### C) Contact Information for queries and notification purposes:

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

email: \_\_\_\_\_ website: \_\_\_\_\_

### D) Funding Request:

Amount of funding sought: \$ \_\_\_\_\_ Does amount include GST?: Yes / No

Suppliers quotation(s) and/or business case attached?: Yes / No

Explanation of what grant is for and how it will benefit people with cerebral palsy: (use reverse of this sheet if insufficient space below)

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### E) Beneficiaries of Grant:

Estimate total number of people who will benefit from this grant: \_\_\_\_\_

Estimate number of people with cerebral palsy who will benefit: \_\_\_\_\_

Please comment on population who will benefit from this grant \_\_\_\_\_

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(Continued, page 2 of 2)



## F) Other Funders Approached:

Have applications to other funders been made for what is being sought in this application? Yes / No  
Please give details regarding your answer:

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## G) Government Funding:

Does the NZ Government provide funding for what is being sought?: Yes / No  
Please give details regarding your answer:

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## H) Organisations Accounts:

Please attach the most recent financial accounts for the organisation (if they are not audited accounts please give explanation). Financial accounts attached?: Yes / No  
Explanation/Comments:

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## I) Declaration:

I, the undersigned, declare:

That to my knowledge the information supplied is true and accurate.

That the organisation seeking this grant has authorised this application.

That if successful, the organisation agrees that :

- the funds granted will be spent only for that purpose stated in this application.
- if funds turn out to be in excess of requirements, then this excess will be returned.

That I am authorised to make this declaration on the organisation's behalf.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

## General Information:

Applications are usually considered on a monthly basis (except January), with notification shortly thereafter.

If successful the Society prefers to pay suppliers directly.

The Society may specify conditions under which the funding is given. These will be conveyed to the organisation for agreement, prior to funding being given.

Mail this form to: Cerebral Palsy Society of NZ, PO Box 24759, Royal Oak, Auckland 1345

Ph: 0800 503-603

Fax: (09) 624-1802

Email: cpsociety@cpsociety.org.nz