
The Auckland Paraplegic & Physically Disabled Trust

Grant Application for an Individual / Group

The Auckland Paraplegic & Physically Disabled Trust Mission:

“To enhance the lives of people with disabilities in Auckland”

Charitable Purposes of the Auckland Paraplegic & Physically Disabled Trust

The Trust has as its charitable purposes':

the maintenance education benefit or advancement in life of such members of The Auckland Paraplegic & Physically Disabled Association Incorporated as the Trustees shall from time to time select with the object of improving or enhancing the quality and enjoyment of life of such members and of as many of the members of the Association as possible.

General Information:

Applications are usually considered on a three monthly basis, with notification shortly thereafter.

If successful the Auckland Paraplegic & Physically Disabled Trust (the Trust) prefers to pay suppliers directly.

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

The trustees must make the final decision on grants. They may be assisted in this process by a grants committee.

All applicants are to read the attached Criteria for Funding prior to submitting application.

A) Guidelines for applicants:

Grants are available to people resident in NZ having NZ citizenship or permanent residency, and residing in the Auckland area.

The grant must benefit a person (or people) with Disabilities.

The Applicant for the grant must be a member of Parafed

Auckland for at least 12 months prior to the date of

application and a current member at the time of application—
attach copy of membership receipt.

No retrospective funding will normally be considered.

Items normally funded by Government will not be considered.
Funding will not be granted for wages / salaries.

If this application is for group please provide details and criteria details for each recipient of the proposed funding.

B) Details of intended Recipient/s of Grant:

Full Name:

Date of Birth: _____ .

Type of Disability: _____

Employment status: Not employed Part time Full time

Name of person filling out application form:

_____ (If different from recipient, what is

relationship to recipient?: _____

phone: _____)

C) Mailing Address:

Phone: (_____) _____

Mobile: _____

email: _____

IF application is for a group Details can be provided on a separate form.

Contact Information for queries and notification purposes

D) Eligibility:

1) Is the applicant resident in the Auckland Region, has NZ citizenship or is a permanent resident? Yes / No.

2) Does the applicant/s have a disability? Yes / No.

3) Name Disability

4) Has the applicant been a member of Parafed Auckland for the last 12 months and currently a financial member? Yes / No.

(If you answered 'No' to questions 1 above, please explain any extenuating circumstances that may result in this application being considered (attach separate sheet with explanation).

E) Funding Request:

Amount of funding sought: \$ _____

Does amount include GST?: Yes / No.

Suppliers quotation(s) attached?: Yes / No.

Explanation of what the grant is for and how it will benefit applicant/s. (Attach additional sheets if insufficient space below).

F) Other Funders Approached:

Have you applied to other funders for what is being sought in this application?

Yes / No.

If Yes please give details as to whom and how much:

G) Government Funding:

Does the NZ Government normally provide funding for what is being sought?: Yes / No.

Please give details regarding your answer:

H) Letters of Support:

Please attach one letter of support for funding requests less than \$2500, and two for requests greater than \$2500.

Letter(s) of support attached?: Yes / No Number of letters attached? _____

I) Previous Applications to The Auckland Paraplegic & Physically Disabled Trust:

Has the proposed recipient been given a grant by the Auckland Paraplegic & Physically Disabled Trust in the last 24 months? Yes / No.

If Yes, please give brief details with dates:

The Auckland Paraplegic & Physically Disabled Trust may consider it appropriate for you to approach other funders to assist with funding this application.

J) Declaration:

The recipient agrees that the information presented in this application is true and accurate.

The recipient agrees that if this application is successful then:

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 to the Trust.

I, the recipient, confirm the details contained herein are correct.

Signature or mark of recipient (or Power of Attorney)

Dated: _____

Mail this form to: Craig Stilwell
 10 Pounamu Place
 Shelly Park, Manukau 2014. Phone – 535-4760