Rotary Club of Riccarton

APPLICATION FOR SUPPORT

This form can only be submitted by an authorised organisation or an individual. A responsible person needs to verify the information given and support the application.

DETAILS OF ORGANISATION / INDIVIDUAL SUB	BMITTING APPLICATION:
Name:	
Address:	
Phone (Day)	Phone (Evening)
email	
Contact Person:	Position:
DETAILS OF DEDGON DECLUDING ASSISTANCE /	IF ADDUCADLE)
DETAILS OF PERSON REQUIRING ASSISTANCE (
Name:	Age:
Address:	
Phone (Day)	Phone (Evening)
email	
FUNDING REQUIRED:	
Total Amount Required	\$
Amount Contributed by Self	\$
Amount sought from Others **	\$
Amount sought from Riccarton Rotary	\$
**	
** Please list other organisations approached a	and amount sought from them:
Date assistance required by:	/ /
Note: Committees meet only once a month	
Note: If applicant is an organisation you will be be asked for income information	asked to enclose latest balance sheet. If an individual you may
Are you receiving any budgeting or financial adv	vice? (circle one) YES NO

which this will be achieve supporting statements fr	ed and how success will be m	sought describing who will benefit, the ways in leasured. For individuals please supply (i.e. school, church, community organisation) e worth of the objective.	
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Names, addresses and plots obtain a confidential rep		om whom the Rotary Club of Riccarton can	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
The Rotary Club of Riccarton may wish to check the accuracy of the information provided with another agency or your referees. By signing below you are confirming your authority for this verification in accordance with the Privacy Act 1993. I declare that the information in this application is to the best of my knowledge accurate and			
-		///	
Post completed for to:	Rotary Club of Riccarton,		
	P. O. Box 8073,		
	Riccarton,		
	Christchurch 8440		

or scan and email to: applications@riccartonrotary.org.nz

Rotary Club of Riccarton

Funding Application Cover Letter

To all applicants:

- The Rotary Club or Riccarton receives many requests for financial assistance and is not able to contribute to them all. Preference will be given to applications that best meet our criteria of measurable benefits to both the individual and the community. Therefore it is critical that you complete the attached application form accurately, honestly and fully.
- The Rotary Club of Riccarton contributes to community projects and charitable organisations as well as to individuals seeking support.
- In all cases our club will consider, among other things, the achievements and opportunities available to the applicant, the efforts and contribution made towards the total cost and the immediate or potential benefits to the community.
- No application will be considered unless it is on the official application form or submitted through the web site
- No donation will be made to a "general fund" they must be to meet a specific expenditure and copies of receipts for that expenditure must be forwarded to the club.
- The Rotary Club of Riccarton reserves the right to consider branding of the club if applicable and to issue press releases of our support with the approval of grant recipients.
- Priority may be given to applications from within the zone of the Rotary Club of Riccarton but applications from outside that zone will be considered.
- The various committees of the Rotary Club of Riccarton only meet once a month.
 Please ensure that your application is in to us early as it may take some time to be considered.
- Please do not use this form for applications to the Riccarton Rotary Youth Trust.
 Refer to their web page (<u>www.rryt.org.nz</u>) for confirmation of their application procedures.
- Post your application to:-

The Rotary Club of Riccarton P. O. Box 8073 Christchurch 8440