Trust Horizon Application Form

Eligibility

indicates a required field

Applicants: please note

Before completing this application form, you should have read the Funding **G**uidelines: click here

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

Heating - a building needs to be insulated for the Trust to consider funding for heat pumps or air conditioning systems. Contact us to discuss details if insulation may need to be included in your project application.

Appliances, air conditioning and heating - it is important to note the energy efficiency ratings section of the Funding Guidelines before requesting your supplier quotes for this type of equipment

Community Events - please note there is maximum funding of up to $10,000 per event for sound and lighting equipment hire. Please see Funding Guidelines via the link above for more information.

If you have any questions in regards to the eligibility criteria for your or organisation or particular project, please contact **grants@trusthorizon.org.nz**

Confirmation of Eligibility

I confirm that the applicant ...
- has read and understands the program guidelines
- the project is energy related
- is able to demonstrate alignment between their project and the aims of this program
- is able to demonstrate impact measures that align to our designed outcomes
- has confirmed the organisation is authorised to undertake the project in accordance with their constitution, rules, trust deed or charter
- is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- is incorporated, or an incorporated organisation will act as an umbrella organisation for the purposes of this application
- is located in (and/or supplies services to) Whakatane, Kawerau, Opotiki Districts or Kaingaroa Village
- is able to demonstrate financial viability

- does not owe any reports or money to Trust Horizon (formerly Eastern Bay Energy Trust) as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant.

Please select below: *

○ Yes   ○ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Applicant Organisation Details

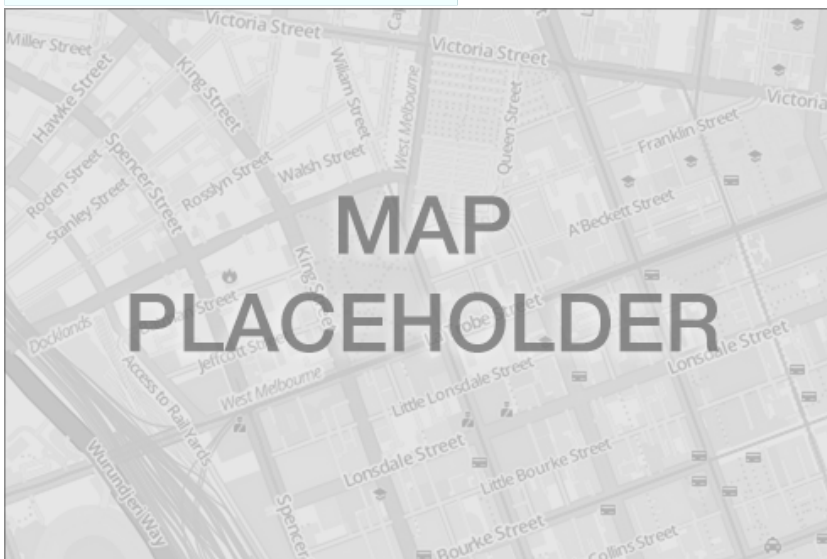**Applicant organisation name** *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Department / Branch (if applicable)

Use this field only if relevant

Applicant Primary Address

Address

Applicant Postal Address

Address

Click on 'can't find my address' to enter PO Box details manually

Applicant website

Must be a URL

Primary contact person *

Title   First Name   Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Back-up phone number

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

What is your organisation's Mission

Applicant NZBN

The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.

New Zealand Companies Register Information
NZBN

Entity Name
Registration Date
Entity Status
Entity Type
Registered Address
Office Address

Must be formatted correctly.

Applicant NZ Charity Registration Number (CRN)

The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

New Zealand Charities Register Information
Charity Registration
Number
Organisation Name
Other Names
Status
Street Address
Postal Address
Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

What type of organisation are you? *
○ District / Regional Council
○ Educational institution (includes pre-schools, schools, universities & higher education providers)
○ Religious or faith-based institution
○ Community group
○ Marae
○ General not-for-profit (i.e. none of the sub-types listed above)
Please choose the option that best applies to your organisation.

How long has the organisation been operating?
○ More than 20 years
○ 10-20 years
○ 5-10 years
○ 1-5 years

○ Less than 1 year

What is your organisation's annual revenue? *
○ Less than $50,000
○ $50,000 or more, but less than $250,000
○ $250,000 or more, but less than $1 million
○ $1 million or more, but less than $10 million
○ $10 million or more, but less than $100 million
○ $100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: www.acnc.gov.au/ACNC/Manage/Reporting/SizeRevenue/ACNC/Report/SizeRevenue.aspx

Is your Organisation GST registered? *
○ Yes
○ No

Organisation Bank Account *

Must be between 18 and 19 characters.
Please enter your bank account details in the following format: 00-0000-0000000-00

Any funding payment approved will be made to your organisation, so that all grant funding can be shown on your annual accounts. **You will need to pay the contractor**.

Please upload a bank deposit slip to verify the account details *
Attach a file:

What is your organisation's legal structure?
○ District / Regional Council
○ Incorporated Society
○ Unincorporated
○ Limited Liability Company
○ Trust

If your organisation is unincorporated it must have an auspice organisation

Umbrella Organisation

* indicates a required field

Is another or by another organisation for the purposes of this grant?
○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Umbrella Organisation Details

Name of auspice or partner organisation *
Organisation Name

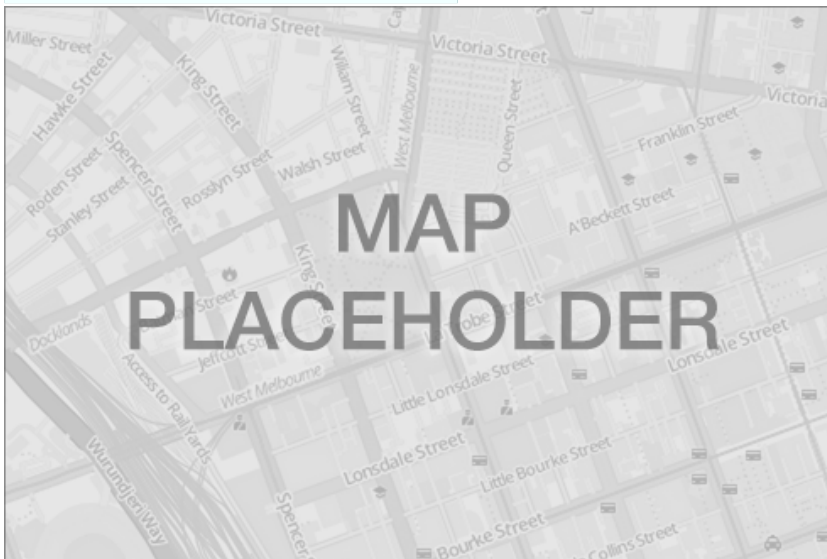**Umbrella organisation's website**

Must be a URL

Primary contact person at Umbrella organisation *
Organisation Name

We may contact this person to verify that this auspicing arrangement is valid and current.

Umbrella Org Primary Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Umbrella Org Postal Address
Address

Position held in organisation

e.g. Manager, CEO

Contact person's primary phone number *

Contact person's back-up phone number

Contact person's email address *

Must be an email address

Please attach a letter from the auspice or partner organisation confirming this arrangement is valid and current *
Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

Project Details

* indicates a required field

Project title:

Provide a name for your project/program/initiative. Your title should be short but descriptive

Project address or location:

What are the primary areas of focus for this project/program?

No more than 5 choices may be selected.
You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

Anticipated start date

Anticipated end date

If unknown, provide your best guess or leave blank   If unknown, provide your best guess or leave blank

Please provide a short summary of your initiative

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

Rationale / Theory of Change: What is the need and how will you address it?

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek.

Alignment - How will your initiative help Trust Horizon achieve our goals?

Please consult the program guidelines for more information about our vision and mission - see https://www.trusthorizon.org.nz/about-us

Please tell us about the outcomes you expect to result from this initiative.

Outcomes are the changes you expect to occur for the beneficiaries of your initiative. Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation (these are generally **immediate** or short-term outcomes)
- Actions, behaviour, change in policy (these are generally **intermediate** or medium term outcomes)
- Social, financial, environmental, physical conditions (these are generally **long-term** outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month); intermediate outcomes are those that fall between the immediate and long-term (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

We also want to learn more about the beneficiary groups you think your initiative will affect (**Primary** and **Indirect**), who you will work through to reach those groups or achieve your outcomes (**Intermediaries**), and how you propose to gauge whether your anticipated outcomes have been achieved - what you will measure and how (**indicators**).

An example of outcomes for the installation of insulation and heat pumps:

Outcomes

Timeframe

Indicator

Verification

Improved heating and comfort

Immediate

Room temperature at healthy levels

Positive feedback on comfort level received from users

Energy efficiency

Intermediate

Power bill costs

Reduced cost of power compared to previous winter months

If you need more help understanding what outcomes are, read the materials at
www.ourcommunity.com.au/evaluation

List your initiative's anticipated outcomes and in the following table. Leave blank any fields that do not apply to your initiative.

Anticipated Outcomes	Timeframe	Indicator	Verification Method
Outcomes are the changes that you expect to occur as a result of your initiative. See information above.	See description above	What you will use to measure this outcome?	e.g. survey; interviews; focus groups

Primary Beneficiaries - Section

Who are the primary beneficiaries of this project/program?

No more than 5 choices may be selected.
Please choose only the group/s that are at the very core of this project/program

Please list any indirect beneficiaries you anticipate will or may be affected by your initiative.

Indirect beneficiaries:

Indirect beneficiaries are those who may not be targeted by your initiative but are nonetheless expected to be affected by it. For example, a country sports program might be expected to improve the health of the participants ('rural children and youth'), but also to contribute to strengthened community cohesion and capacity building through greater involvement in sports clubs ('rural adults'). You may add extra rows if required.

Please list any intermediaries you will work through or with to reach your beneficiaries and/or achieve your outcomes.

Intermediaries are the service providers who have provided you with quotes or are providing expertise to complete your project. Examples of how they can be listed are:

- electrical contractors
- air conditioning or refrigeration contractors
- lighting specialists
- STEM education equipment supplier

Intermediaries:

In order to induce changes as a result of your project or in your target group, you may need to work through one or more layers of intermediaries. You may add extra rows if required.

What outputs are you expecting to produce through this initiative?

Outputs are the immediate, obvious, and (usually) countable changes a project/program generates. Examples would include the number and type of products to be installed, number of attendees expected at a community event, the number of volunteers to be engaged.

Using the example above of installing insulation and heat pumps, the outputs would be:

Number

Who or What

Service / Product / Activity

Timeframe

2

Heat pumps

Installation

One-off install

260m2

Moisture barrier

Installation

One-off install

260m2

R.18 blanket underfloor insulation

Installation

One-off install

List your initiative's intended outputs, including approximate numbers (if possible), in the following table. Leave blank any fields that do not apply to your initiative.

Number	Who or What	Service / Activity	Timeframe
(Approximate, or leave blank if unknown)	e.g. type of product or appliance, community event guest	e.g. electrical installation, sound and lighting equipment hire	e.g. one-off, per month, per annum, over life of program

Does this initiative have community support? In particular, do the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing?

○ Yes   ○ No   ○ Don't know   ○ Not Applicable

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

What evidence do you have that this project/program has community support?

Please upload letters of support (if available/relevant)
Attach a file:

A maximum of 5 files can be attached

What are the major steps / stages (i.e. milestones) involved in delivering your initiative?

Milestone	Start Date (if known)	Finish Date (if known)	Location (if relevant)	Notes
e.g. planning; major activities; evaluation	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	(e.g. add address, suburb, region if known; otherwise type 'unknown' or 'not applicable')	Add explanatory notes if required

Is the project for building improvements?
○ Yes
○ No

Improvement examples for a building include any electrical work/upgrades, lighting, insulation, heating and eligible kitchen appliances

Does the organisation own the building? *
○ Yes
○ No

If "No" please confirm term of lease/renewal periods and upload a copy of the signed lease in the supporting documents section later in the application form

How often is the building/facilities used by your organisation or other members of the community?
○ Daily
○ Several times per week
○ Once per week
○ Fortnightly
○ Monthly

Please provide a breakdown of who uses the building/facilities and help us gain a better understanding of who the project is impacting

User Group Name	How often does this group use the facilities?	What is their main activity?	Number of people in user group per annum	Number of other visitors per annum
			Must be a number.	Must be a number.

Total all users and visitors per annum

Must be a number.

Please provide a breakdown of who may be impacted by your project to help us gain a better understanding of what the initiatives involved may provide to the community

User Group Name	Number of people	Main Activity	How often - number of days per annum?
	Must be a number.		Must be a number.

Total number of people impacted

> Must be a number.

Does the project have the necessary consents?
- ○ Not applicable
- ○ Applied for
- ○ Granted

Inputs (Budget)

Total Amount Requested

$

What is the total financial support you are requesting in this application? Please use the excluding GST value unless your organisation is not registered for GST.

Total Project/Program Cost

$

What is the total budgeted cost (dollars) of your project? Please use the excluding GST value unless your organisation is not registered for GST.

Budget (GST exclusive*)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

*** All amounts should be GST exclusive, however, if your organisation is not GST registered then please use GST inclusive amounts.**

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.

Use the 'Notes' column for any additional information you think we should be aware of.

Income Description line example for the table below: Grant requested / Philanthropic Grant / Unconfirmed / $25,000 (total amount requested) / from Trust Horizon

Trust Horizon requires two quotes for each of the items you are applying for funding towards. All quotes must be valid for 30 days from submission of your application.

Costs you are applying for in this application should be broken down into main categories by line as an Expenditure Description, e.g. Electrical work, Insulation, Heating, Appliances etc. Other project costs which are not energy related and are not eligible for Trust Horizon funding can be totalled and added as one expenditure line item..

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

Income Description	Income Type	Confirmed Funding?	Income Amount ($)	Notes
			$	
			$	
			$	
			$	

Expenditure Description	Expenditure Type	Expenditure Amount ($)	Notes
		$	
		$	
		$	
		$	

Budget Totals

Total Income Amount

$

This number/amount is calculated.

Total Expenditure Amount

$

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Please attach quotes for all expenditure (cost) items - at least 2 valid quotes are required and please ensure both providers are using the same project scope.
Attach a file:

Please contact us if your project involves particularly specialist equipment or a single NZ distributor where two quotes may be difficult to access.

If you would like to submit any further supporting information about your project, please attach it here, e.g. a detailed project scope, supporting report(s), cover letter, photos or video, copy of a signed lease document.

Please also check the Funding Guidelines checklist for additional information required if:

- **your project is a district council owned property**
- **a school or kura**
- **affiliated with or part of a national organisation**
- **a building of historical importance.**

Attach a file:

What other inputs will you need in order to successfully carry out this project? Confirmed?

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

Applicant Capacity

* indicates a required field

Now that we know about your project/program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application.

Include in this section information about your strategies for providing the inputs (money, staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

Please attach a copy of your most recent Annual Report or a full set of Financial Statements

If you do not produce an annual report, please provide us with your most recent financial statements (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position) and a copy of the latest bank statement for each account including investments.

Upload files *

Attach a file:

Please clearly name each document before uploading, e.g. Performance Report 2021, Financial Statements 2021, Bank Statement Current Account

If your organisation (or parent) currently has a reasonable level of funds (e.g. cash and term deposit) in relation to the grant requested, please advise what future projects or plans those funds are reserved for

Does not apply to District/Regional Council applications

Is this project part of the Council's current Long Term Plan (LTP)?
○ Yes
○ No

Please advise the budgeted amount if the project is included in the LTP or if not, please provide background on its status within Council planning

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *   ○ Yes   ○ No

Name of authorised person *   Title   First Name   Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

How did you hear about Trust Horizon's funding support? *

Please make your selection from the dropdown list or type a new option in the "Other" field.

Please indicate how you found the online application process:

○ Very easy   ○ Easy   ○ Neutral   ○ Difficult   ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes (use numbers only, no text) i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.