

APPLICATION INFORMATION

The Fifeshire Foundation is a Charitable Trust. Our voluntary Trustees meet monthly to allocate grants to people living in the Nelson/Tasman region who are in “**hardship and/or domestic crisis**”. We also give grants to agencies that support local people in crisis. Please note that:

1. We never give out cash. Instead, we pay bills or purchase items on people’s behalf.
2. We consider applications based on evidence of need and people’s efforts to address a situation.
3. Applicants must include a budget worksheet signed by a budget advisor. If this can’t be done, please say why, and complete Parts 4 and 5 of this application.
4. Please enclose quotes, bills, payment information or invoices. We need these before our meeting.
5. You must be realistic in the amount you apply for. Each month we receive about 40 grants and have about \$13,000 available. This means the average grant size is approximately \$300 - \$500.
6. We can offer interest-free loans (approx. \$500 - \$1,000). Please say if this is an option for you.
7. Applications must confirm that no Work and Income funds are available. You also need the signatures of 2 referees who have seen the completed application and support it.
8. We cannot consider incomplete applications, and will return these to the contact person.

Examples of things we can help with

Personal needs	Clothes, shoes, glasses, driving lessons and license fees.
Household costs	Food (we provide Countdown cards), firewood, furniture, beddings, baby gear, washing machines and fridges.
Critical bills	Rent, bond, power and cellphone needed for safety reasons.
Health costs	GP bills, simple dental work (such as fillings/extractions for pain relief), counselling and disability and health aids.
Children’s costs	Stationery, camps, uniforms, holiday programmes and respite care.
Organisations	Organisations that support people in financial and/or domestic hardship. Please provide 2 signatories from your organisation, a resolution from your committee and a copy of your most recent financial statements.

Examples of things we cannot help with

Car costs	We cannot help with registration, warrants and repairs.
Advanced dental work	We cannot help with dental surgery and specialists’ costs. Dental decisions are made on a case by case basis. Public hospital treatment is not possible.
Organisations’ ongoing costs	We cannot help with organisations’ ongoing rent, power and wage costs.

We meet on the second Friday of each month, and applications must be in by the 25th of the month before. Our application and meeting dates are on our website.

We’re unable to confirm applications are received. We will contact you with the result about one week after the meeting.

To post, or email your application use our addresses at the top of this page. Or drop it in to Reception, Fifeshire House (Mediaworks Radio Station), Trafalgar Square, Nelson.

Our confidentiality declaration

Your completed application will only be viewed by the Fifeshire Foundation Trustees and Manager.

The Trustees and Manager will keep confidential all information regarding applicants and their applications that is transferred verbally, in written and electronic form.

Where further information about the application is required, this will only be with the consent of the applicant, and for the purposes of considering the application.

Please tick if you consent to us consulting a dental professional about your dental request.

PART 1: Enter applicant's contact information here

Date: ____/____/____

Name of Applicant:

Address of Applicant:

Phone _____

Mobile _____

Email _____

Who is applying for the grant:
(if different from above)

If you are applying for someone else do you have their permission? Yes / No (Please circle)

Name of the contact person for the application:

Address of the Applicant's contact person

Phone _____

Mobile _____

Email _____

Has the applicant or a member of their family/household asked the Fifeshire Foundation for a grant in the past? Yes/No (Please circle). Please note that we keep a record of all previous grants given.

PART 2: List what's being applied for and the cost. Attach quotes and payment details

	\$
	\$
	\$
	\$
	\$
	\$
TOTAL cost being applied for	\$

PART 3: Signatures from 2 supporters, and from Work and Income

Please give 2 signatures of people who support this application E.g. Budget advisor, Work & Income, support or social worker, doctor or nurse, minister, employer, lawyer, teacher or principal.
NOT family or friends.

You may also attach a supporting letter from one or more supporters.

Please tick if you give us permission to contact these 2 people to discuss aspects of this application.

1. Name: _____	Relationship to Applicant: _____
Address: _____	Phone (landline) _____
_____	Mobile _____
_____	Email _____
Signature: _____	<input type="checkbox"/> Please tick: I have read the completed application form and I support this application.

2. Name: _____	Relationship to Applicant: _____
Address: _____	Phone (landline) _____
_____	Mobile _____
_____	Email _____
Signature: _____	<input type="checkbox"/> Please tick: I have read the completed application form and I support this application.

Has the applicant accessed all Work & Income entitlements or advances? Yes/No (Please circle)
If the applicant is repaying money to Work and Income, please state: How much is owed? \$ _____ Weekly repayments of: \$ _____
Please confirm this with a signature from Work & Income: _____

Please provide a budget sheet signed by a budget advisor. Or, say why this can't be provided and complete Part 4 and Part 5 instead.

PART 4: Weekly household income

Number of people in the household _____	
Ages and gender of any children or dependents _____	
1. Total weekly Salary/Wages and other earnings from all household members: \$ _____	2. Total weekly Work & Income support from all household members: \$ _____

TOTAL Weekly Household income from all household members \$ _____

PART 5: Weekly household expenses

1. Rent/Mortgage \$	2. Food \$
3. Phone, mobile \$	4. Power \$
5. Debts or loyalty payments \$	6. Car expenses, fuel \$
7. Other expenses:	\$

TOTAL Weekly Household expenses \$ _____

PART 6: Please tell us about your application for help with a domestic/financial crisis.

Applications are strictly confidential, so please write about your situation as fully as you feel able and note any important factors such as family crisis, health, housing, special needs, work and debts.

I, (*Full name of Applicant*) _____
have provided quotes, bills and payment information and I declare that the information I have provided is true and correct to the best of my knowledge.
Signed: _____ *Date:* _____