

The Cerebral Palsy Society of NZ

Grant Application for an Individual



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

A) Guidelines for applicants:

Grants are available to people resident in NZ, having NZ citizenship or permanent residency.
The grant must benefit a person (or people) with cerebral palsy.
The recipient of the grant must be a member of the Cerebral Palsy Society.
No retrospective funding will normally be considered.
Items normally funded by Government will not be considered.

B) Details of intended Recipient of Grant:

Name: _____ Membership number: _____

Date of Birth: _____ GMFCS: 1, 2, 3, 4 or 5 (see website to see which applies)

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) Contact Information for queries and notification purposes:

Mailing Address: _____

_____ Phone: (_____) _____

Mobile: _____ email: _____

D) Eligibility

- 1) Is the intended recipient resident in NZ, has NZ citizenship or is a permanent resident? *Yes/No*
- 2) Does the intended recipient have cerebral palsy? *Yes/No*
- 3) Is the intended recipient an existing member of the Society or is applying for membership? *Yes/No*
(If you answered 'No' to questions 1, 2 or 3 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 grant is for and how it will benefit recipient: (use reverse of this sheet if insufficient space below)

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(Continued, page 2 of 2)



F) Trialled or Supported:

If this application is for equipment, has this item been trialled *Yes / No*

or it has the support of a professional (ie Physio/OT/etc) ? *Yes / No*

If No to both, please comment : _____

G) 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:

H) Government Funding:

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

Please give details regarding your answer:

I) Letters of Support:

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

Letter(s) of support attached?: *Yes / No*

Number of letters attached: _____

J) Previous Applications to the Society:

Has the intended recipient be given a grant by the Society in the last 24 months? *Yes / No*

If Yes, please give brief details/dates: _____

K) Permission to share this information:

If the Society considers it appropriate to approach other funders to assist with funding this application, does the applicant give permission for the Society to do so, and allow the Society to disclose information in this application? *Yes / No*

L) Declaration:

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

The intended 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.

I, the intended recipient, am in agreement with this declaration:

Signature or mark of recipient (or Power of Attorney)

_____ dated: _____

General Information:

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

If successful the Society prefers to pay the supplier directly.

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

The decision of the Grants Committee is final and no correspondence will be entered into.

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

(p): 0800 503-603

(f): (09) 624 1802

(w): www.cpsociety.org.nz

(e): cpsociety@cpsociety.org.nz