**Organization Name:**

**Location:**

**Primary Contact:**

**Primary Signatory:**

**Annual Turnover:**

**Number of Paid Staff (within the Wellington Region):**

**Number of Volunteers (Within the Wellington Region):**

**Is this organisation a branch of a national organisation: Yes/No**

**Name of Approval Authority (e.g. CEO, Manager):**

**Name of Chairperson:**

**Please tell us about your proposed capability-building activity, including time frames:**

**[400 words]**

**Activity Outcomes**

***Please tell us: a) How this activity will support your organisation's mission, b) Why your organisation needs to undertake this work, and c) What you hope to get from the activity/ies you're proposing?* [400 words]**

**Amount requested TOTAL (maximum $10,000):**

Documents

**Please upload the following REQUIRED documents:**

* LIFT Support Document

**Please ensure this document is SIGNED by the relevant manager/person of authority for each staff member applying under this LIFT application.**  
  
The document must contain, for each applying staff member, the following:

1. Organisation Name
2. Name of Approval Authority (CEO, manager etc.)
3. Name of Chairperson
4. Date
5. Signed statement from Chairperson: "I endorse this application to the Wellington Community Trust LIFT fund."