# WCT Application Form**[GUIDE]** April – September 2020.

## Please do not fill this in and send it to us; this is for use as a guide only.

* Please check that you are eligible before preparing your application.
* **Note:** word counts/limits are not accurately represented in this document. If you are using this guide to then paste your answers into the online form – it is likely you will need to reduce the word count.

## Grant Information

**1. Project Name:** Click or tap here to enter text.

**2. Total Cost of Project/Work/Event:** Click or tap here to enter text.

**3. Amount Requested:** Click or tap here to enter text.

**4. Project Summary**

Please provide a short description of your project/programme. *(approximately 40 words max.)*

Click or tap here to enter text.

**This fund will have a strong equity focus, and priority will be given to organisations supporting whānau and community wellbeing, particularly for those most impacted by direct and indirect consequences of COVID-19.** Our key focus is to enable those communities most impacted to get funding more quickly and easily. **Applications should meet at least one of these criteria:**

* **Immediate Community Need:** Support communities that are struggling in this new COVID-19 context; this could include immediate needs such as housing, food, safety, and other practical needs
* **Changed Service Delivery:** Support community connection, engagement, and social inclusion in response to community need in the COVID-19 outbreak; this may include virtual delivery of services or programmes
* **Capacity/Capability:** Support organizations around capacity and capability to work in news ways. This may include resources to facilitate working remotely, addressing changing workforce needs, professional development.

**5. Community Need Re: COVID-19**

What is the community need and how will this work/project help? *(approximately 150 words max.)*

[***COMMUNITY NEED - EXAMPLE***: Many elderly people are isolated due to mobility and financial reasons - this negatively impacts their physical and mental health. This project will enable isolated elderly people to engage with other people by providing transport to the service.]

Click or tap here to enter text.

**6. Priority Populations Served**

How does this work/event support people and communities who typically aren’t served well in this area??

Click or tap here to enter text.

***Examples of priority population groups include:***

* **Māori**
* **Pasifika**
* **Children and youth at risk**
* **Isolated elderly**
* **LGBTIQ+ communities**
* **Refugee background/migrant background**
* **Women and girls**
* **People with disabilities**

**7. Key Relationships (Not required)**

If relevant - List any key community groups/organisations and how you are/will be cooperating with them as part of this work.

[***KEY RELATIONSHIPS - EXAMPLES***:- Local homeless shelter: We work with them to identify any people who could benefit from the service we're providing.- Local council: The logistics team helps us with managing the event- Local Marae: Offers space for us to hold our weekly programme]

Click or tap here to enter text.

**8. Impact**

Thinking about the number of people both directly and indirectly impacted, what is the ESTIMATED reach of this work? Please give us an indication of numbers even if approximate.

Click or tap here to enter text.

[***IMPACT - EXAMPLE***: We plan to run three 2-hour sessions of our youth development programme every week for each school term, serving 10 students at each of the 3 schools we work in.]

**9. Confirm you comply with regulations that are relevant to your sector e.g. Health & Safety, Vulnerable Children’s Act.** Click or tap here to enter text.

**10. Are you receiving financial support from the government as part of one of the COVID-19 support packages e.g. Wage subsidy, Essential Services Package?** Choose an item.

 **10a. If so, please describe:** Click or tap here to enter text.

**11. Other Funding**

Please tell us about other potential and confirmed funding you are receiving for this work/event. Which other organisations are you receiving funding from, and how much funding from each?

Click or tap here to enter text.

## Additional Information to Upload

**12. Required Documents:**

Please include the name of your organisation in the file name e.g. 'Wellington Community Trust - Bank Deposit Slip.pdf'

[ ] Recent Financials/Accounts *(*Please ensure your operating reserve is highlighted or made as clear as possible within these documents)

[ ] Project Budget *(If your organisation/programme is operating Nationally, please provide a Wellington-specific budget.)*

[ ] Bank Deposit Slip *(or official bank statement with your organisation’s name printed on it)*

[ ] Other Relevant Document *– Not required <-- Please use this document upload if you wish to write more than can fit in the application form fields.*