



APPLICATIONS FOR GRANTS

THE FOUNDATION

This Foundation was established in 1976 by brothers Alan and Don Mackenzie. They were farmers of Ealing who wanted to leave a lasting legacy for the community they had lived in.

The specific objects of the Foundation are summarised as follows:-

1. The purposes of research, treatment, provision of equipment in relation to, and the education and training of skilled persons relative to, the disease of cancer.
2. Research, development, education for, training and expansion of, the science and practice of agriculture.
3. For charitable purposes generally but with an expressed desire by the settlors that the Trustees take into account fully the needs of young people who suffer physical or mental handicaps or have less chance in life than many of their peers.

In addition the Settlers of the Foundation included in their original Settlement Deed a clause which directed to the Foundation Trustees a preference for grants to be made in such a way that they shall confer the greatest possible benefit upon the residents and potential residents of the Province of Canterbury.

All applications for grants from the Foundation must be for purposes which fit the above Objects.

SUBMISSION OF APPLICATIONS

All applications must be on a Foundation application form, copies of which are available from the Secretary or the Foundation website www.mcf.org.nz. The form is designed specifically so that it will provide the Foundation Trustees with the information they need when considering the application. It is important that the form be completed fully and accurately, as this will avoid unnecessary additional administration.

Updated February 2019

TRUSTEES: John O Acland Donald G Church Graham R Kennedy Mary E Ross Donald G McFarlane
A: PO Box 310 Ashburton 7740 P: 03 307 5902 M: 027 427 1089 E: secretary@advanceashburton.org.nz

MACKENZIE CHARITABLE FOUNDATION

P O BOX 310, ASHBURTON
secretary@advanceashburton.org.nz

APPLICATION FOR GRANT

A. Applicant's full Name

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Address

.....

Contact Person

Telephone Contact Number

Email Address

Website

Details of Applicant's Corporate Status and Charitable Registration Details (if any)

Please also provide the names of the senior office bearers.

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B. Short Title of Project: e.g. Fund raising for Charity XYZ

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C. Purpose for which Grant to be used: (Please explain project fully including why it is necessary and/or desirable. Attach separate page if necessary).

D. Planned Outcomes and Progress Indicators

We understand you wish to carry out this initiative to make a difference. We are interested in how you will measure this. Please specify UP TO FIVE outcomes you aim to achieve with the project, how they will be measured and the expected improvement over the life of the project. If funding is approved, you will be asked to report upon achievement of these outcomes.

Be sure to think about these outcomes carefully. Initial approval of funding and subsequent monitoring of the effectiveness of your initiative will be based on what you state here.

Other conditions may also apply.

Planned Outcome	Measured by	% Expected Improvement

E. Total Financial Assistance requested: \$ _____

F. Budget for Project: attach copy of budget for Project showing total costs and where finance, (including grant applied for), is to come from.

G. Period covered by Application include dates when payments on account required, with amounts alongside each.

H. Financial information concerning applicant: (Please supply approved financial accounts for at least the last two years).

I. Assistance from other Sources: (Please list names of other bodies approached for assistance and the amount/s applied for).

J. Referees: (List names of two persons from whom the Trustees may obtain an opinion on the application in confidence. Include their addresses and telephone numbers. Also provide please a note of the names, qualifications and independence of each proposed referee).

K. If Applicant has a time constraint, please give that detail.

L. Reporting on outcomes: All grantees must complete a written report to us on the outcome set out in section D of this application of each approved project, immediately after it has been completed. Any applicant who has had a previous grant from us must file a completed report on any previous grant by us before a further grant can be considered.

Applicants Declaration

- This application has the formal approval of our controlling Board/Committee/Authority.
- To the best of our knowledge the information provided in this application is true and correct.
- It is acknowledged that any decision made by Mackenzie Charitable Foundation is final and we accept that no reasons for such a decision may be given, nor any correspondence entered into.
- We agree that any grant made will be used for the purposes specified in our application or as directed by Mackenzie Charitable Foundation. In the event that we cannot comply with the conditions of the grants within the specified time, we will advise the Foundation of the surrounding circumstances to enable a review of the grant to take place.
- We authorise Mackenzie Charitable Foundation or its agents to make any enquiries of any third parties, (even though that may involve disclosing information contained in the application) or undertake audits of our organisation in connection with this application.
- We acknowledge that this application and details of the Trustees’ decision may be shared with other funders and made publicly available.
- We agree to immediately inform Mackenzie Charitable Foundation should the initiative depart from that agreed.
- We authorise Mackenzie Charitable Foundation to use our name/photograph for publicity purposes and also participate in promotional work as may be reasonably required by the Foundation, free of charge.
- We will acknowledge the support of the Foundation in our literature.
- If the grant was for a capital item, the applicant will supply a receipt of purchase within six months.

For and on behalf of: This application needs to be signed by two authorised members of your organisation.

Organisation Name

Full Name (print) Position.....

Signature.....Date

Full Name (print) Position.....

Signature.....Date

Once completed please send this form with supporting documentation to:

Mackenzie Charitable Foundation
Cl- Advance Ashburton Community Foundation
P O Box 310
Ashburton 7740
Email: secretary@advanceashburton.org.nz