

Eligibility

* indicates a required field

Applicants

Funding Eligibility & Application Requirements

The **Glenice & John Gallagher Foundation** welcomes applications that support **charitable purposes** with a focus on [Waikato region](#).

Most grants range from **\$100 to \$15,000**, however larger amounts may be considered.

Eligibility Criteria

Before completing this application form, please confirm that:

- Your organisation is a **charity or not-for-profit entity** (*Includes community groups, clubs, educational institutions, schools, and pre-schools*)
- Your organisation is **New Zealand-based**, and the funds will be used **within New Zealand**
- You can provide a **New Zealand bank account** in the name of your organisation
- You have provided **receipts and accountability reports** for any previous funding.

We Do Not Fund:

- Individuals
- Professional / elite sports people or teams
- Retrospective applications
- Overseas travel and accommodation
- Political purposes

Required Documents

Your application must include:

- **Annual Report / Financials**
- **Budget** relating to your application (*if applicable*)
- **At least one quote** (*if applying for specific equipment or services*)
- **Proof of bank account** – one of the following:
 - Bank encoded deposit slip
 - Bank account number verified by your bank (*dated within the last 3 months*)
 - Recent bank statement showing account name, number, and bank letterhead.
Note Typed or handwritten account details will not be accepted as proof.
- **Supporting documentation** – e.g., further information on how the funds will be used

Important Notes:

- Unsubmitted applications will not be considered.
- Applications will not be accepted after the closing date.
- If your proof of bank account **does not** meet the above criteria your application will be declined.

If you have any questions, please contact our office on

07 838 9825 or email foundation.funding@galmgmt.co.nz

G&J Gallagher Foundation Application 0926

Form Preview

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- Is your organisation a charity or not-for-profit entity. (Includes community groups, clubs, educational institutions, schools and pre-schools)
- Is your organisation New Zealand based, and funds will be used in New Zealand
- You can provide a New Zealand bank account in the organisations name
- Has provided receipts and accountability reports for previous funding

You must confirm that all statements above are true and correct. *

☐ Yes

Contact Details

* indicates a required field

Applicant Details

Organisation Name *

Organisation Name

Make sure you provide the same name that is listed in official documentation.

Organisation primary address

Address

Applicant Primary Email *

Must be an email address.

Applicant website (if applicable)

Must be a URL.

Primary Contact Details

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Form Preview

Primary contact *

Title	First Name	Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary contact primary phone number *

Primary contact email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

What is your organisation's purpose or mission *

Word count:

Must be no more than 100 words.

Brief explanation on who you are and why does your organisation do what you do?

What is your organisation's annual revenue? *

- ☐ Less than \$100,000
- ☐ \$100,000 to \$1 million
- ☐ \$1 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'.

What is your organisation's legal structure? *

- ☐ Unincorporated association
- ☐ Incorporated association
- ☐ Cooperative
- ☐ Charitable Trust
- ☐ Trust
- ☐ Not-for-Profit Entity
- ☐ Other:

Does your organisation have an NZ Business Number or Charities Register Number? *

- ☐ NZBN
- ☐ CRN
- ☐ Neither

<https://www.nzbn.govt.nz/>

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Form Preview

Applicant New Zealand Business Number (NZBN) *

The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.

New Zealand Companies Register Information
NZBN
Entity Name
Registration Date
Entity Status
Entity Type
Registered Address
Office Address

Must be formatted correctly.

Applicant NZ Charity Registration Number (CRN) *

The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

New Zealand Charities Register Information
Charity Registration
Number
Organisation Name
Other Names
Status
Street Address
Postal Address
Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

Bank Account Details *

Account Name

Account Number

Must be a valid New Zealand bank account format.

Attach Proof of Bank Account (orientation must be upright & please name the attachment 'Bank Account Proof') *

Attach a file:

• Bank deposit Slip – must be bank encoded NO handwritten or typed in bank accounts will be accepted. • Bank Issued account number – this must be verified and signed by the bank (less than 3 months old) • Copy of a recent bank statement (less than 3 months old) – must show Account Name, Account Number and bank logo.

Funding Details

* indicates a required field

Project Title *

Funding Categories *

- ☐ Operational Expenses OPEX (Rent, utilities, insurance, admin costs)
- ☐ Salary / Wages (Staff salaries, contractor payments)
- ☐ Equipment (Purchase or lease of physical items e.g., computers, tools)
- ☐ Program Delivery Costs (Materials, venue hire, and other costs directly tied to service delivery)
- ☐ Training and Development (Staff or volunteer training, workshops)
- ☐ Volunteer Support (Reimbursements, recognition, supplies)
- ☐ Construction / Repairs (Building renovations, maintenance, accessibility upgrades)
- ☐ Other:

Tell us about your organisation. *

Word count:

Must be no more than 100 words.

Now tell us EXACTLY what the funds will be used for. *

Word count:

Must be no more than 50 words.

Please only add what the funding will be used for, this section is not to be used for who you are. If you wish to provide additional information, please attach below.

Please attach any other documentation you wish to provide to support your application.

Attach a file:

Previous Funding

Have you previously applied to the Glenice & John Gallagher Foundation *

- ☐ Yes
- ☐ No
- ☐ Unsure

Region

What region/s will the funding be used? Please use other for any other areas that have not been named below. *

- ☐ Hamilton
- ☐ Waipa
- ☐ Thames / Coromandel
- ☐ Hauraki
- ☐ Matamata-Piako
- ☐ Otorohanga
- ☐ Waitomo
- ☐ Other:

The Foundation has a focus on the Waikato Region, based on Waikato Regional Council boundary, <https://www.waikatoregion.govt.nz/council/our-council/constituency-boundaries/>

What are the primary areas of focus for this application? *

No more than 5 choices may be selected.

You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

Supporting Information

* indicates a required field

Total Amount Requested *

Must be a dollar amount.

What is the total financial support you are requesting in this application?

External Funding

Have you applied for funding elsewhere for the same purpose *

- ☐ Yes
- ☐ No
- ☐ Other:

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Form Preview

Please do not include the funding you are applying for in this application.

Organisation Name

Amount applied for

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Are you providing a budget to support your application? *

- ☐ Yes - will provide as an attachment
- ☐ Yes - will use the application budget
- ☐ No budget provided

Please upload a copy of your most recent Annual Report. *

Attach a file:

Upload any additional supporting documents ie, quotes, budget any other financial information that you wish to provide to support your application

Attach a file:

Budget - (Optional)

Income	\$	Expenditure	\$

Funding Impact

If your application is not fully funded, how will this impact your project or programme?

Funding Impact *

- ☐ Can proceed as planned without full funding
- ☐ Can proceed but will be reduced in scope
- ☐ It will be delayed
- ☐ Cannot proceed without full funding
- ☐ Other:

Please provide further detail (if applicable)

Word count:

Must be no more than 50 words.

Dependency on other funding

Is your project or programme dependent on securing funding from other sources?

Dependency on other funding *

- ☐ Yes
☐ No

If yes, please provide details of other funding required to complete the project:

If yes, please provide details of other funding required to complete the project

Word count:

Must be no more than 50 words.

If yes, please

Declaration

* indicates a required field

Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant organisation

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter / email of approval.

I agree *

☐ Yes

Name of authorised person *

Title

First Name

Last Name

Position *

Position held in organisation

Phone number *

Must be a New Zealand number. We may contact you if we have any questions relating to this application.

Email *

Must be an email address.

