

GRANT APPLICATION FORM



P H Vickery
Charitable Trust

To: The Trustees of the P H Vickery Charitable Trust
C/- Duncan Cotterill Lawyers
PO Box 5
Christchurch 8013

Email: phvickery@duncancotterill.com

Applicants Details

Full name of applicant:			
Address (Street address or PO Box):			
Contact Person:		Email address:	
Telephone number:		Mobile number:	
Copy of applicants latest financial statement enclosed:		Yes/No (please circle applicable option)	
Are you GST registered?	Yes/No (please circle applicable option)	GST No:	
Are you Donee Status registered?	Yes/No (please delete as required)		

Reason for Applying

What will this grant be used for? (please use a separate sheet if required)	
How will this grant benefit the elderly of Southland? (please use a separate sheet if required)	
Please supply cost breakdown/budget: (please use a separate sheet if required)	
Have you applied for funds for the same purpose from any other source? YES/NO (If Yes, give full details, using a separate sheet if necessary)	
Total Amount Requested from the P H Vickery Charitable Trust	\$

PLEASE COMPLETE THE DECLARATION ON THE NEXT PAGE

Declaration

We declare that the information provided in this grant application is true and correct, to the best of our knowledge, and that we have the authority to make this application on behalf of the applicant.

We confirm that the applicant fully understands that any and all grant monies received from the P H Vickery Charitable Trust can only be used for the purpose for which the grant was approved.

Signature:		Signature:	
Printed name:		Printed name:	
Position:		Position:	
Date:		Date:	