

# The Cerebral Palsy Society of NZ

## Grant Application for an Individual



*The Cerebral Palsy Society's Mission:  
To enhance the lives of people with cerebral palsy in New Zealand*

### A) Guidelines for applicants:

Grants are available to people resident in NZ, having NZ citizenship or permanent residency.  
The grant must benefit a person (or people) with cerebral palsy.  
The recipient of the grant must be a member of the Cerebral Palsy Society.  
No retrospective funding will normally be considered.  
Items normally funded by Government will not be considered.

### B) Details of intended Recipient of Grant:

**Full Name:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Type of Cerebral Palsy: \_\_\_\_\_  
Employment status: Not employed  Part time  Full time   
Name of person filling out application form: \_\_\_\_\_ (If different from  
recipient, what is relationship to recipient?: \_\_\_\_\_ phone: \_\_\_\_\_)

### C) Contact Information for queries and notification purposes:

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_  
email: \_\_\_\_\_

### D) Eligibility

- 1) Is the recipient resident in NZ, has NZ citizenship or is a permanent resident? *Yes / No*
- 2) Does the recipient have cerebral palsy? *Yes / No*
- 3) Is the recipient an existing member of the Society or is applying for membership? *Yes / No*  
**(If you answered 'No' to questions 1, 2 or 3 above, please explain any extenuating circumstances that may result in this application being considered (attach separate sheet with explanation))**

### E) Funding Request:

Amount of funding sought: \$ \_\_\_\_\_ Does amount include GST?: *Yes / No*  
Suppliers quotation(s) attached?: *Yes / No*  
Explanation of what grant is for and how it will benefit recipient: (use reverse of this sheet if insufficient space below)

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## F) Other Funders Approached:

Have you applied to other funders for what is being sought in this application?

*Yes / No*

If Yes please give details as to whom and how much:

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## G) Government Funding:

Does the NZ Government normally provide funding for what is being sought?: *Yes / No*

Please give details regarding your answer:

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## H) Letters of Support:

Please attach just one letter of support for funding requests less than \$2500, and only two for requests greater than \$2500.

Letter(s) of support attached?: *Yes / No*

Number of letters attached?: \_\_\_\_\_

## I) Previous Applications to the Society:

Has the proposed recipient been given a grant by the Society in the last 24 months? *Yes / No*

If Yes, please give brief details with dates: \_\_\_\_\_

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## J) Permission to share this information:

If the Society considers it appropriate to approach other funders to assist with funding this application, does the applicant give permission for the Society to do so, and allow the Society to disclose information in this application? *Yes / No*

## K) Declaration:

The recipient agrees that the information presented in this application is true and accurate.

The recipient agrees that if this application is successful then:

- funds granted will be spent only for that purpose stated in this application.
- if funds turn out to be in excess of requirements, then this excess will be returned.

I, the recipient, am in agreement with this declaration:

Signature or mark of recipient (or Power of Attorney)

\_\_\_\_\_ dated: \_\_\_\_\_

## General Information:

Applications are usually considered on a monthly basis, with notification shortly thereafter.

If successful the Society prefers to pay the supplier directly.

The Society may specify conditions under which the funding is given. These will be conveyed to the recipient for agreement, prior to funding being given.

The decision of the Grants Committee is final and no correspondence will be entered into.

Mail this form to: Cerebral Palsy Society of NZ, PO Box 24759, Royal Oak, Auckland 1345

Ph: 0800 503-603

Fax: (09) 624 1802

Email: cpsociety@cpsociety.org.nz