



Application for Funds 2024

The Eastern Bay Women's Impact Fund is a fund that was 'given life' in 2021, by a group of generous women, wanting to make a significant impact, in improving the lives of women and/or women & children in the Eastern Bay.

Please complete this form if you wish to apply for the Eastern Bay Women's Impact Fund from the Eastern Bay Community Foundation.

There is further information on the last page of this application.

Applications should be sent to:

**Impact 100 Grants Committee, Eastern Bay Community Foundation
PO Box 435, Whakatane, 3158.**

Or email: admin@easternbaycommunityfoundation.nz with Eastern Bay Women's Impact Fund as the email title.

Drop in the completed application to 15 George Street Whakatane by July 19th, 2024

For assistance completing this form, please email or call the Foundation Office **021336226**

I am applying as an: Registered Charity Organisation.

SECTION A – CONTACT DETAILS	
Charity or Organisation Name:	
Contact Name:	
Postal Address:	
Physical Address:	
Position in organisation:	

Phone:	Daytime:	Mobile:
Email Address:		

SECTION B - ORGANISATION DETAILS	
Geographic area(s) you serve:	<input type="checkbox"/> Whakatane <input type="checkbox"/> Opotiki <input type="checkbox"/> Kawerau <input type="checkbox"/> All of Eastern BOP <input type="checkbox"/> Other
Legal Status:	<input type="checkbox"/> Registered Charity CC Number <input type="checkbox"/> Incorporated Society <input type="checkbox"/> School <input type="checkbox"/> Other
GST Registration:	<input type="checkbox"/> Not registered <input type="checkbox"/> GST No
What is the main purpose of your organisation?	

SECTION C - GRANT DETAILS	
Project Title:	
Details of project / Purpose of Grant: (Please explain what and how the grant will be used)	
Details of who will benefit and how they will benefit: How will the project impact of women and children?	
Planned outcomes/goals of project:	
Is the project sustainable?	

Date of event/project:	
Total cost of project: (attach details)	\$..... (excluding GST if your organisation is GST registered)
Other sources of funding: (please specify amount & source, if applicable)	\$..... \$.....
Amount requested from EBC Foundation:	\$..... (excluding GST if your organisation is GST registered)
Please list and attach relevant information to support your application:	
If your application is successful, the EBCF reserves the right to use this project for publicity purposes.	If you are not in agreement with this, please state your reasons:
Bank Account Number: (Please attach scanned evidence of bank account or deposit slip)	

SECTION D – APPLICANT SIGNATURES (two signatures are required if you are applying as an organisation)			
Full Name:		Position:	
Signature:		Date:	
Full Name:		Position:	
Signature:		Date:	

Please attach any other supporting information here:

Eastern Bay Women's Impact Fund

This fund has some special requirements:

Project must be completed by December 2025

A progress report is due to the EBCF on

January 31st 2025

April 30th 2025

July 31st 2025

October 31st 2025

December 5th 2025

The partner-donors who have created this fund, will be kept up with developments and will be on the sideline championing the progress of the successful recipient/ or recipients.

A shortlist of fund applicants will be invited to give a 10-minute presentation outlining their Eastern Bay Women's Impact project in late August to the partner-donors.

The partner-donors have the final vote on who the successful recipient will be of the fund and may decide to award two charities with funds.

The fund will be awarded on Friday 20th of September at the Eastern Bay Community Foundation Annual Dinner.

