



Hearing and Visual Impairment Fund

Grant Nomination Form 2021

Taranaki Foundation

Our Mission To be a renowned foundation for giving that provides an inter-generational legacy for Taranaki
Our Vision A prosperous Taranaki for all
Our Purpose To inspire a culture of giving and sharing in Taranaki

The Hearing and Visual Impairment Fund

The Hearing and Visual Impairment Fund has been established to help Taranaki people who have a hearing or visual impairment to access equipment or technology that has a transformational impact on their daily life.

Fund Criteria

- Organisations are invited to nominate individuals from within the fund's target communities (Taranaki people who have a hearing or visual impairment) to receive funding for one or both of the following:
 - Direct costs involved in purchasing or accessing equipment or technology for use by the nominated individual(s).
 - Costs associated with the use of equipment or technology (e.g. training, user support) by the nominated individual(s).
- Grants will typically be no greater than \$2,000 per nominated individual.
- Organisations may nominate a maximum of two individuals, unless otherwise advised by Taranaki Foundation.
- Taranaki Foundation will not fund equipment, technology or support that has already been purchased.
- Nominees and nominating organisations agree to allow Taranaki Foundation to publicise their grant, should their application be successful.

Application Process

- The fund will be open to nominations from **Monday 2 August and will close Friday 24 September**.
- This period may be extended at Taranaki Foundation's discretion.
- Nominating organisations and nominees will be notified of the outcome of their request in November 2021. Grants will be distributed by 31 December 2021.
- Grant recipients will be required to report on the use of funds using Taranaki Foundation's Accountability Report.
- To apply please complete this form and return via email to: info@taranakifoundation.org.nz by **Friday 24 September 2021**
- For more information: Visit our website www.taranakifoundation.org.nz email info@taranakifoundation.org.nz, or phone us on +64 27 853 4483

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**Taranaki
Foundation**
Inspiring. Giving.

Date: _____

SECTION A – CONTACT DETAILS

Organisation Name:		
Main Contact Person:		
Position in organisation:		
Phone:	Daytime:	Mobile:
Email Address:		
Website:		

SECTION B - ORGANISATION DETAILS

Your Geographic area(s):	<input type="checkbox"/> North Taranaki	<input type="checkbox"/> Central Taranaki
	<input type="checkbox"/> South Taranaki	<input type="checkbox"/> Coastal Taranaki
	<input type="checkbox"/> All of Taranaki	
	<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? (max 100 words)		



SECTION C - GRANT DETAILS

Nominated recipient:	
Purpose of donation: (Please explain what the donation will be used for):	
Please explain how this grant will benefit the nominated recipient:	
Specific costs of equipment, technology, support requested:	\$..... (excluding GST if GST registered) \$..... \$.....
Please specify if you are seeking funding from any other sources: (please specify amount & source, if applicable)	\$.....(funder) \$.....(funder)
Please list and attach relevant information to support your application (eg quotes):	
If your application is successful, can Taranaki Foundation use this project for publicity purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reasons:

SECTION D – ORGANISATION SIGNATURES (two contacts are required)

Full Name:		Position:	
Signature:		Date:	

Full Name:		Position:	
Signature:		Date:	



Please have the nominated individual complete Section E:

SECTION E – NOMINATED RECIPIENT	
Full Name:	
Postal Address:	
Phone:	Daytime: Mobile:
Email Address:	
Date of Birth:	
Please provide the following information: <i>(If the applicant is a child, the following sections should be completed by their parent(s) or caregiver(s))</i>	
Do you hold a Community Services Card?	Yes/No
Please list your main sources of income:	
Please circle your household income range:	Under \$25,000 \$25,000 - \$49,999 \$50,000 - \$70,000 Over \$70,000
Number of dependents:	
Please explain how this grant will make a difference to your daily life:	
RECIPIENT SIGNATURE	
<input type="checkbox"/> Should this application be successful I authorise Taranaki Foundation to publicise this grant.	
Signature:	Date:
Full name & relationship to child (if completing on behalf of a child):	

