



## Hearing and Visual Impairment Fund

# Grant Nomination Form 2023

### 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 **Tuesday 1 August and will close Friday 22 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 2023. Grants will be distributed by 31 December 2023.
- To apply please complete this form and return via email to: [info@taranakifoundation.org.nz](mailto:info@taranakifoundation.org.nz) by **Friday 22 September 2023**
- For more information: Visit our website [www.taranakifoundation.org.nz](http://www.taranakifoundation.org.nz) email [info@taranakifoundation.org.nz](mailto:info@taranakifoundation.org.nz), or phone us on +64 27 853 4483

# Grant Nomination Form 2023



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)<br>\$.....<br>\$.....             |
| Please specify if you are seeking funding from any other sources: (please specify amount & source, if applicable) | \$.....(funder)<br>\$.....(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<br>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: <span style="margin-left: 100px;">Mobile:</span>                     |
| 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<br>\$25,000 - \$49,999<br>\$50,000 - \$70,000<br>Over \$70,000 |
| Number of dependents:                                                                                                                                         |                                                                               |
| Please explain how this grant will make a difference to your daily life:                                                                                      |                                                                               |
| <b>RECIPIENT SIGNATURE</b>                                                                                                                                    |                                                                               |
| <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):                                                                                       |                                                                               |