**Forsyth Fund: Grant Application Form – Group/Club**

**Purpose**

* To offer financial assistance for the enhancement of potential and independence of clients of Blind Low Vision NZ.
* This may be through the provision of equipment, assistance with sporting/peer support activities or for educational purposes.

**Criteria for Groups/Clubs**

* Providing service and/or support to registered clients of Blind Low Vision NZ who live within the boundaries of the Waikato Regional Council or the Waikato District Health Board.
* **Please note that the Forsyth Fund is a fund of last resort.**
* **Applications will be accepted at any time and will be considered on receipt.**

Amount applied for:

Name of Group/Club:

Group/Club contact person (name and position held):

Phone number:

Alternate phone number (if applicable):

Email:

Bank account details of group/club:

Account name:

Bank:

Branch:

Account number:

**If the grant is to assist clients to attend a special event, please provide details:**

Event, Name of organisation and Venue:

Participant/s name/s, client number/s and address/es:

Please supply a copy of your budget for this event.

**If the grant is to be used for a purpose other than attending a national event, please provide full details:**

**What benefit will the approval of this application bring to the client/s?**

**Part Payment Grant**

Please enter the amount, if any, the Group/Club or client/s can pay towards the total cost:

**Other Funding**

Have alternative sources of funding been explored and what was the outcome?

**Previous assistance**

If the Group/Club has received grant(s) from the Forsyth Fund in the past, please give details, year and amount, of the most recent grant:

**Other comments in support of this application:**

**As applicant, we** (insert name of group/club):

* certify that the information supplied is true and correct.
* allow the Waikato Regional Committee to collect relevant information about the Group/Club from other sources to assess this application, if required (this information will remain confidential and will be used only for the purposes of this application), and
* agree that any grant will be used for the purposes specified only, unless otherwise agreed by the Waikato Regional Committee.

**Signature or electronic signature:**

**Date:**

Send in Word format, as an email attachment, to: forsythfund@blindlowvision.org.nz

or post the signed hard copy to Waikato Regional Committee, Blind Low Vision NZ,

Post Box 854, Waikato Mail Centre, Hamilton 3240

**Office use only:**

Application number:

Date received:

Verify client number/s:

Verify clients’ address/es within Forsyth Fund Area:

Decision: