

Background

From time to time, Stroke Aotearoa New Zealand receives funding from donors who require their gift to be used for a specific geographic region or service. These very special gifts are managed in a separate fund by the charity and are distributed according to the wishes of the donor.

The income available for distribution each year is determined by the Trustees of Stroke Aotearoa and is allocated according to the fund priorities (set out below). The purpose of the funding is in line with the mission of Stroke Aotearoa: Prevent Stroke, Improve Lives. To be considered, applicants need to show a direct link between the impact of their stroke and the purpose of their funding request and be normally residing in an area of New Zealand that has a fund available.

Funding Priorities

1. Stroke rehabilitation support, equipment, or modifications
2. Stroke-related education and training, including primary and secondary stroke prevention
3. Personal development programmes for the stroke survivor

Criteria & Guidelines for Applicants

1. Applicants must be living in one of the following regions: Northland, Auckland, Tauranga / Bay of Plenty.
1. The maximum amount funded is \$3,000 for individuals or \$5,000 for groups or organisations per financial year (1 July – 30 June).
2. Applicants may only submit one application per financial year.
3. On rare occasions, applications exceeding these amounts may be considered if they meet the criteria and income is available for distribution.
4. Applications must be submitted on the official application form with an accompanying quote or estimate.
5. A letter of support from a healthcare worker (e.g. social worker, therapist, health professional), on professional letterhead is required. The letter should include the healthcare worker's name, address, telephone number, occupation, relationship to the applicant and date.
6. The Committee will meet quarterly to consider applications received before the closing dates of; 28 February, 31 May, 31 August, 30 November.
7. A response to applicants will be provided within four weeks of closing date. The Committee's decision is final.
8. Submit completed applications to help@stroke.org.nz

Grants for people affected by stroke
Application Form

TYPE OF APPLICATION

Individual

Organisation/Group

APPLICANT DETAILS

Full name:

Phone:		Mobile:	
Email:		D.O.B: (dd/mm/yyyy) <i>(Individuals only)</i>	

Postal address:

Ethnicity: <i>(Individuals only)</i>	<input type="checkbox"/> Māori	<input type="checkbox"/> NZ European	<input type="checkbox"/> Pacific Island	<input type="checkbox"/> Asian	<input type="checkbox"/> Other: _____
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PARENT/GUARDIAN DETAILS *Please only complete if individual applicant is under the age of 18*

Full name:

Home Phone:		Mobile:	
Email:			

Postal address:

APPLICANT AMOUNT

Total amount:	\$	<input type="checkbox"/> Including GST	<input type="checkbox"/> Excluding GST
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WHAT WOULD YOU LIKE TO USE A GRANT FOR?

Please tell us what you are applying for e.g. for a driving assessment, rehabilitation costs. There should be a direct link between the impact of stroke and the application you are making.

Grants for people affected by stroke **Application Form**

WHAT DIFFERENCE WILL A GRANT MAKE TO YOUR LIFE OR TO THE LIVES OF STROKE SURVIVORS?

For individuals: Please tell us about the impact of your stroke, including when you had your stroke and the challenges this application will help you overcome.

For groups: Please outline the purpose of your group and what need you are meeting for people affected by stroke.

FUND PRIORITIES *Please tick which priority area this application meets*

- Stroke rehabilitation support, equipment, or modifications
- Stroke related education and training, including primary and secondary stroke prevention
- Personal development programmes for the stroke survivor

FUND REGION *Please tick which region you live in*

- Northland
- Auckland
- Tauranga / Bay of Plenty

ALTERNATE FUNDING AVAILABILITY

Are you aware of other organisations that may fund your application?

- Yes
- No

Have you applied elsewhere for funding?

- Yes
- No

If Yes, please provide details of where you have applied, for how much and when you expect to receive a decision:

ATTACHMENTS

- Quote or estimate
- Bank account details
- Letter of support
- Other e.g. receipts

Grants for people affected by stroke **Application Form**

PUBLISHING

Do you consent to publish your name and story (individuals only) if your funding application is successful?
We share stories to raise awareness and vital funds to prevent stroke and improve lives across Aotearoa New Zealand.

Yes No

Terms & Conditions:

1. Payments will be made directly to the organisation providing the course, programme, treatment, or equipment. If this is not possible, payments can be made to the applicant upon receipt of necessary receipts as proof of payment.
2. The grant may only be used for the approved purpose and must be used within six months of being awarded. If a funded programme is withdrawn or postponed, the recipient must inform Stroke Aotearoa within six weeks and return the funding.
3. Recipients must provide written feedback on their progress within 12 months of receiving the grant. If this is not provided, recipients may not be eligible for future funding.
4. Stroke Aotearoa may publish the names of successful applicants, and a summary of how the grant will be used. Individual applicants can request to have their name withheld.

DECLARATION

I hereby declare:

- All the above information is correct.
- Any Grant received will be used for the purpose for which it is sought, as detailed above.
- I agree to the Terms and Conditions.

Signature:

Date: