

Jeff Trust Application

202' /202(Financial Year



Please complete this application form with as much detail as possible. If more space is needed, attach additional sheets. All applications must be endorsed before submission. Please refer to page 2 for endorsements.

Corps/Centre/Department:

Division/Area/Region/National Programme/THQ:
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Jeff Trust criteria that application has been applied under <i>(tick all that apply)</i> <small>(Please refer Jeff Trust Criteria document for description of criteria)</small> <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/> (e) <input type="checkbox"/> (f) <input type="checkbox"/> (g) <input type="checkbox"/> (h) <input type="checkbox"/> (i)
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Full Description of Project <i>(including a description of how this project fits the Jeff Trust criteria)</i>

Expected Outcomes

Number of young people benefitted	
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Outcome Measures

Project Funding: *As the trust has a limited funding, kindly provide the following information to enable the committee to make relevant decisions. (Note: Applications for salaries and wages will not be considered).*

Amount applied for is in (currency)	NZ\$	FJ\$	TOP	Tala
Amount				
Jeff Trust grant request applied for				
Other sources of funding				
Total cost of project				
Is this a one-off request?			Yes	No
If this is an ongoing project, will Jeff Trust funding be required in the future?			Yes	No
If Yes, how much funding will be required				
If Yes, for how long will funding be required				years

Kindly attach a copy of the budgeted income and expenditure for the full project.
Any additional supporting information / documentation e.g. sustainability reports, can be submitted.

Endorsement	Corps Officer / Centre Manager / THQ Dept. Manager
Name	
Endorsement	<input type="checkbox"/> I have read this application <input type="checkbox"/> I support this application <input type="checkbox"/> I don't support this application <input type="checkbox"/> I support this application with reservations
Comments	
Signature	
Date	

Note: Following endorsement (even if the application is not supported), please forward application to Divisional / Regional Youth Secretary / Worker or Mission Director. THQ Dept. Manager to forward to HOD.

Endorsement	Divisional / Regional Youth Secretary / Worker / Mission Director
Name	
Endorsement	<input type="checkbox"/> I have read this application <input type="checkbox"/> I support this application <input type="checkbox"/> I don't support this application <input type="checkbox"/> I support this application with reservations
Comments	
Signature	
Date	

Note: Following endorsement (even if the application is not supported), please forward the application to Divisional Commander or Regional Commander-Leader / National Director / Section Head / Area Officer

Endorsement	Divisional Commander or Regional Commander-Leader / National Director / Section Head / Area Officer
Name	
Endorsement	<input type="checkbox"/> I have read this application <input type="checkbox"/> I support this application <input type="checkbox"/> I don't support this application <input type="checkbox"/> I support this application with reservations
Comments	
Signature	
Date	

Please return completed endorsed applications, along with any additional supporting documents if any, to:

Post: Territorial Youth Department, P.O. Box 6015, Marion Square, Wellington 6141

or

Email: leslie.dmello@salvationarmy.org.nz

Completed endorsed applications must be received by 5.00pm on Friday 10th March 2023