## **Jeff Trust Application**

## 2024/2025 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:					
Jeff Trust criteria that application has been applied under (to (Please refer Jeff Trust Criteria document for description of criteria)  □(a) □(b) □(c) □(d) □(e) □(f) □(g) □(f) □(g) □(f) □(g) □(g) □(g) □(g) □(g) □(g) □(g) □(g	□(h) □(i)	)			
Expected Outcomes					
Number of young people benefitted					
Outcome Measures					
<b>Project Funding:</b> As the trust has limited funding, kindly p the committee to make relevant decisions. (Note: Application		-			
Amount applied for is in (currency)	NZ\$	FJ\$	TOP	Tala	
Jeff Trust grant request applied for			Amount		
Other sources of funding					
Total cost of project					
Is this a one-off request?			No		
If this is an ongoing project, will Jeff Trust funding be required in the future?  Yes  N				110	
If Yes, how much funding will be required					
	red in the fut	ure?	Yes	No	
If Yes, how much funding will be required  If Yes, for how long will funding be required  Kindly attach a copy of the budgeted income and expenditure for the full project.	red in the fut	ure?	Yes		

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Endorsement	Corps Officer / Centre Manager / THQ Department Manager
Name	
	☐ I have read this application
Tu da va a va a va t	☐ I support this application
Endorsement	☐ I don't support this application
	☐ I support this application with reservations
Comments	
Signature	
Date	
	f the application is not supported), Corps Officer/Centre Manager to forward application to or/Youth Officer or Regional Youth Worker or Mission Director. THQ Department Manager
Endorsement	Divisional Youth Secretary-Coordinator / Regional Youth Worker / Youth Officer / Mission Director
Name	
	☐ I have read this application
Endorsement	☐ I support this application
	□ I don't support this application
	☐ I support this application with reservations
Comments	
Signature	
Date	
Regional Youth Worker or Mission Di National Manager.	f the application is not supported), Divisional Youth Secretary-Coordinator/Youth Officer or rector to forward application to Divisional Commander or Regional Commander-Leader /
Endorsement	Divisional Commander or Regional Commander-Leader / National Director / Section Head / Area Officer
Name	
	☐ I have read this application
Endorsement	☐ I support this application
	☐ I don't support this application
	☐ I support this application with reservations
Comments	
Signature	
Date	

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

 ${\it Email:} \ leslie.dmello@salvationarmy.org.nz$ 

Completed endorsed applications must be received by 5.00pm on Friday  $15^{\mathrm{th}}$  March 2024

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