

GRANT APPLICATION



Heritage Recreational Track WDC Community WDC Sports

1. Full name of organisation, group, or individual:

2. Address of organisation, group, or individual:

3. Name and address of contact person:

Telephone number: Day

Night

Email

4. Are you GST registered?

Yes

Do **NOT** include GST in your budget*

No

Include GST in your budget

GST number:

5. Objectives of your organisation (use separate sheet if necessary).

6. Describe the project for which you are seeking financial assistance (use separate sheet if necessary).

7. Project timeline.

Start date:

Completion date:

***If you are GST registered we will contact you for a GST invoice after the grant decision has been made**

8. What is your organisation's contribution to the project (please include both financial and volunteer contribution)?

Total own contribution: (8) \$

9. Please detail all other sources of funding received relevant to this project

Total other funding: (9) \$

10. Have you applied to any other organisation for funding for this project?

Result date (if known)	Grant	Amount Requested
------------------------	-------	------------------

11. Please detail the complete costs of the project. Please include at least two quotes where relevant. (If you are GST registered do not include the GST.)

Total project cost: \$

Less own contribution: (8) \$

Less other funding: (9) \$

Total requested from Council: \$

12. Has your organisation previously received a grant from Council within the last five (5) years? If so, state years received and amounts.

Year	Grant	Amount
------	-------	--------

13. Who will benefit from the grant to your organisation?

YOUR DECLARATION

We hereby declare that the information supplied in this application is correct. If the application is successful, we agree to provide an accountability report with receipts (which will be sent to us with our grant) stating that the funding received has been spent on the project/programme/ service or activity stated in this application. We also agree to participate in any funding audit of our organisation conducted by Waimate District Council.

We also consent to Waimate District Council collecting, retaining and using the personal contact details of the persons listed in this application. We confirm that we obtained the consent of the persons listed in this application to provide these details and we have the authority to commit the organisation to this application. We acknowledge our right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

Name:

--

Signature of applicant:

Typing your name is the equivalent of a handwritten signature.

--

Position of signatory:

--

Date:

--

Checklist

Have you:

- Answered every question?
- Attached at least two quotes where relevant?
- Attached a copy of your most recent reviewed Annual Accounts (not older than 12 months)?
- Attached proof of bank account number (printed/verified deposit slip or bank statement)?
- Attached all other relevant documents?
- Returned your accountability form (if you have previously received a grant)?

QUESTIONS AND COMPLETED APPLICATIONS

Grant Administrator
Phone: 03 689 7771
Email: info@waimatedc.govt.nz

Drop into:
Waimate Information Centre
15 Paul Street
Waimate

Post to:
Waimate District Council
P O Box 122
Waimate 7960