

Waimate District Council Grants Application Form

Sports Grant

| Full Name of Organisation or Group: | |
|---|--|
| Address of Organisation or Group: | |
| Name and Address of Contact Person: | |
| Telephone Number: Day | |
| Objectives of your organisation (use separa | te sheet if necessary): |
| | |
| Describe the project for which you are seek necessary): | ing financial assistance (use separate sheet |
| | |

| Please detail all sources of fund-raising and amounts | relevant to this project: |
|---|-----------------------------|
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| | |
| (Please include at least two quotes where relevant e | xclusive of GST content. Pl |
| (Please include at least two quotes where relevant e | xclusive of GST content. Pl |
| (Please include at least two quotes where relevant e refer to Notes below, #4). | |
| (Please include at least two quotes where relevant e | \$ |
| (Please include at least two quotes where relevant e refer to Notes below, #4). Total Project Cost | |
| Less your contribution | \$\$ |
| (Please include at least two quotes where relevant e refer to Notes below, #4). Total Project Cost Less your contribution Other Funding | \$\$ \$\$ |

| Grant | Year | Amount |
|---|------------------------------|-----------------------------|
| | | |
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| | | |
| Have you applied to any other o | organisation for funding for | r this project (in the same |
| inancial year) and if so what wa | | |
| | | |
| Organisation - (including other councils) | Amount requested (\$) | Results date (if known) |
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| Who will benefit from the grant t | to your organisation? | |
| will belief them the grant | | |
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| vino wiii benent irom the grant (| | |
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| | | |
| Date grant applied for: | | |

Checklist

Have you answered every question?

Have you attached all relevant documents with your application including at least **two quotes** where relevant?

Notes

- 1. Your application **will not** be considered unless a copy of your most recent, not more than 12 months old, audited annual accounts or financial review is attached.
- Please include a bank account deposit slip.
- 3. Any queries regarding this application please contact the Grants Administrator, Waimate Information Centre, ph. 689 7771.
- 4. Inland Revenue Department consider this as a Council grant to respective organisations. There is no GST component or requirement.
- 5. Your application **will not** be considered by Committee unless you have completed an Accountability Form for previous funding.

Please return to:

Email: info@waimatedc.govt.nz

or

Grants Administrator
Waimate District Council
P O Box 122
Waimate 7960