Contact Details

* indicates a required field

1. Name of your organisation *

Organisation Name

2. Your organisation's address

Organisation Postal Address (if different)

Address

If different from above

Phone Number (day) *

Email Address *

Must be an email address.

Website

Must be a URL.

4. Main contact person for this project *

First Name Last Name
Position in group *
Phone Number (day) *

Email Address *

Must be an email address.

5. Second contact person for this project *				
First Name	Last Name			

Position in group *

Phone Number (day) *

Email address *

Must be an email address.

About Your Organisation

* indicates a required field

6. Are you a club or a school? *

- ⊖ Club
- \bigcirc School

7. How many members belong to your club/organisation? *

Must be a number. Must be a non-negative number.

8. Will the travel subsidy benefit participants aged between 5 & 19 years? *

- O Yes
- O No

How many participants are aged between 5-12 yrs? *

How many participants are aged between 13-19yrs? *

What is the total number of male participants? *

What is the total number of female participants? *

What is the number of participants that have a disability? *

9. Does your application involve a partnership with a local school? *

- O Yes
- O No

10. What percentage of your members live in the vicinity of the local authority you are applying to for the rural travel fund? *

Must be a number and between 0 and 100.

About Your Project

* indicates a required field

11. Please provide a brief description of what this funding is going to be used for.

Word count:

Provide a short description (100 words recommended) of your project - what are you out to do?

12. Travel Information

Distance travelled (km) *

Number of trips *

Number of vehicles used *

Financial Information

* indicates a required field

13. Are you registered for GST? *

- ⊖ Yes
- O No

Please write your GST Number in the space provided below

14. How much money are you applying for?

Income	\$
Sport NZ Funding	
Other Funders	
Your Contribution	

Total

Total Income Amount

This number/amount is calculated.

15. Have you applied to any other organisation for funding for travel, and if so, what was the result?

Funding Organisation	Amount requested (\$)	Status	Approved Amount (\$)
	Must be a dollar amount.		Must be a dollar amount.
		O Application submitted	
		O Yet to apply	
		O Funding approved	
		O Application submitted	
		O Yet to apply	
		O Funding approved	
		O Application submitted	
		O Yet to apply	
		O Funding approved	

15. Do you have endorsement of your local affiliated club/school for this application for funding? *

- ⊖ Yes
- O No

Briefly explain and attach evidence of this. *

Word count: Must be no more than 100 words.

Attach a file:

Application Checklist

* indicates a required field

The following attachments and information must be supplied with your application for it to be considered: *

- □ A balance sheet from your organisation (i.e. financial statement)
- □ A bank generated deposit slip.
- Evidence of your endorsement from your local affiliated club/school (if required)

The Council may request additional information to support your application.

Attchments

Attach a file:

Declaration

* indicates a required field

Declaration *

□ We consent to Queenstown Lakes District Council authority collecting the personal contact details and information provided in this application, retaining and using these details and disclosing them to Sport New Zealand for the purpose of review of the rural travel fund. This consent is given in accordance with the Privacy Act 1993.

□ We solemnly declare that the details contained in this application are true and correct to the best of our knowledge and we have the authority to commit to the above conditions.