# Capital Improvement Fund Grant Form Form Preview

# Waikanae Community Board Capital Improvement Fund Grant Form

* indicates a required	field	
Applicant Details * First Name	Last Nama	
riist name	Last Name	
	Ji an blade	
Organisation (if app	ilicable):	
Address * Address		
Address Line 1, Suburb/T	own, State/Province, Postcode, and Cou	intry are required.
Daytime phone num	ıber *	
Email *		
Have you applied fo	r funding before from the Waik	anae Community Board? *
If so, please list when an	d how much	
Are you GST Registe  O Yes  O No	ered? *	
	on is successful, you will be required to	provide a GST invoice before you
Are you an incorpor  O Yes O No	ated society? *	
How did you hear al	bout the Capital Improvement G	rant?

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#### Attach the following files:

- 1.A bank deposit slip, for direct credit payment if application is successful.
- 2. Supporting information that will help your application.
- 3.A current Certificate of Incorporation if an incorporated society.
- 4. Simple business plan
- 5.Copy of the organisation's annual accounts

#### In addition to the above, for grant requests over \$5,000:

Applicants are expected to provide files with:

- 1.Total projected project costs
- 2.Total amount raised by the organisation to date
- 3.Expected revenues and sources
- 4.Total amount requested
- 5.Contingencies and
- 6.A process for managing any identified risks for the project.

Sui	ogq	rting	documentation	*

Attach a file:

A minimum of 1 file must be attached.

Please attach all the files listed above that are relevant to your application.

### **Proof of Bank Account, for direct credit payment if application is successful \*** Attach a file:

This much be a bank deposit slip or a screenshot of the bank account number.

#### **Declaration**

I certify that the information provided above is accurate