Application form

* indicates a required field

Applicant Details

Name

First Name Last Name

Organisation

(if applicable)

Address

Address

Phone number *

Email

Must be an email address.

Why do you need this funding?

When do you need it?

Must be a date. Start date

What are the expected benefits to you?

Expected benefits to you, the applicant

What are the expected benefits to the Ōtaki Ward?

Budget

Income (fundraising, grants, saving, etc.)	\$ NZ	Costs (travel, accommodation, etc.)	\$ NZ	Where possible please provide written cost quotes
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

Budget Totals

Total Income Amount

\$ This number/amount is calculated.

Incom	e - Expenditure	
\$		
This	number/amount is	
calci	ulated.	

How much are you applying for?

\$

Must be a dollar amount.

The maximum amount payable is \$750.00. Applicants can receive only one grant within a 12-month period.

Are you GST Registered?

- ⊖ Yes
- O No

If yes, and your application is successful, you will be required to provide a GST invoice before your grant can be paid

How will you fund the shortfall if this grant is not approved?

Have you applied for funds for the same purpose from any other source?

If yes, please provide full details

Is this a National or Provincial Organisation to whom you are affiliated making a contribution to this activity?

If yes, please provide full details

Please list any grants received from the Ōtaki Community Board in the past 3 years

If needed please upload a separate document to provide full details for the above questions

Attach a file:

Maximum of five pages

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