### ThinkBIG 2024 Applications

#### Form Preview

### ThinkBIG Application

\* indicates a required field

Please ensure that you meet the <u>eligibility criteria</u>, before starting this application. All questions must be completed and submitted by **11:59pm**, **19 May 2024**. ThinkBIG grants of up to \$2,000 are available for community projects and group personal development applications, and up to \$500 for individual personal development applications.

See <a href="https://www.kapiticoast.govt.nz/thinkbig">www.kapiticoast.govt.nz/thinkbig</a> for criteria and supporting information.

### Tell us who you are

<ul><li>What grant are you</li><li>Individual Personal</li><li>Group Personal De</li><li>Community Project</li></ul>	l Development velopment
<b>Name</b> First Name	Last Name
(If you are applying on be	ehalf of a group, just put your details for now)
Date of birth *	
Must be a date.	
Phone number: *	
Email address: *	
<b>Postal address:</b> Address	
How many people a	re you applying on behalf of? *
Tion many people al	ie jeu appijing on benan on
(You can apply on behalf	of just vourself)

If you're applying on behalf of a group of people, what is your group/project's name?

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What organisation or College would rece your 'fundholder'. *	ive the grant on your behalf? This is also
(You need to ask them)	
Tell us about your project/reason for	or personal development funding
If you are applying for personal/group de important to you/your group.	evelopment funding, describe why this is
	ded) of your reason for funding: Is this a skill/passion have you/your group been doing it? How would this
If you're applying for a community projection will it benefit others?	ct grant, what is your project idea, and
A brief description is good	
Is there anything else you would like to	tell us about your project?
Budget plan	
What are you requesting funding for? (G community projects are available, and up to	
Item	(\$ amount)
(Estimated values are okay)	
	\$  \$
	]\$  \$
	\$
	\$
	\$
	\$
	\$
Total amount requested	
Total Amount Requested	
\$	

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Must be a dollar amount. What is the total financial support you are requesting in this application?

### Agreement

If your application is successful, I agree to: *		
	Attend an in-person meeting at ZEAL Kāpiti on Monday 27 May (Zoom available for some	
ex	ceptions)	
	Give brief updates to the coordinator	
	Return an accountability form (show how you spent the money and how it went)	
	Provide pictures for Council to use as promotional material for future rounds	
Αt	least 4 choices must be selected.	

### Yay! You've finished your application!

Yay, you're done! We look forward to reading about your project. Please email <a href="mailto:youth@kapiti.govt.nz">youth@kapiti.govt.nz</a> if you have any questions regarding your application or criteria.