



Please read ALL guidance notes before completing this form.

You must complete every section of this form. Partially completed forms will not be accepted.

Please contact New Plymouth District Council by phoning 759 6060 if you would like help completing this form.

1. Applicant's details

1a. Name of organisation/
group/individual

1b. Postal address

1c. Physical address

1d. Contact details
 () () ()
 Phone Mobile Fax

1e. Email address

1f. Preferred means for formal correspondence
 Mail Email Fax

1g. Website address

1h. Contact details of up to two people who can answer questions about the application

| | |
|--------|--------|
| Name: | Name: |
| Phone: | Phone: |
| Email: | Email: |

2. Purpose and benefit

2a. What is the main purpose of your application? (please tick one)

| | |
|---------------------------|----------------------------|
| Disability | Housing |
| Heritage | Environment |
| Employment | Health |
| Sport and recreation | Cultural |
| Art (visual, music, etc.) | Social Service |
| Education | Safety |
| Maori | Other <input type="text"/> |
| Events | |

2b. Who will benefit from your application? (please tick)

| | |
|----------------------------|---------------|
| Individuals | Youth |
| Aged | Maori |
| Disability | Neighbourhood |
| Special interest | Families |
| Other <input type="text"/> | |

OFFICE USE ONLY

| | | | | | |
|----------------|----------------------|-----------------|----------------------|---------------|----------------------|
| Date received | <input type="text"/> | Grant Code | <input type="text"/> | Funding Round | <input type="text"/> |
| Received by | <input type="text"/> | Document # | <input type="text"/> | Property ID | <input type="text"/> |
| Application ID | <input type="text"/> | Entered into T1 | <input type="text"/> | File Ref. | CS-08-09-01 |

Liardet Street, Private Bag 2025, New Plymouth 4342, New Zealand, Telephone 06-759 6060, Fax 06-759 6072, Email enquiries@npdc.govt.nz, Website www.newplymouthnz.com

3. Financial information

3a. GST registered? Yes No 3b. If yes, GST number

3c. Bank account name

3d. Bank account number

3e. Have you received financial support from NPDC in the past three years? (provide details)

4. Applicant's declaration

I DECLARE that to the best of my knowledge and belief the information provided in this application form and in any supporting documentation is true and correct.

Name (print clearly) Title

Signature Date

Please note - your application, including personal information, will be available to the public and media as part of the Council's decision-making process.

Applications should be sent to: New Plymouth District Council, Private Bag 2025, New Plymouth 4342

Please check the closing date carefully. Late applications will NOT be accepted.

5. Funding Scheme applied to:

- Built heritage
- Natural heritage
- Waahi tapu
- Community Action and Neighbourhood Development Matching Grant Programme
- Community Concessional Leases
- Community Services and Programmes Grants
- Marae Development Grant
- Rural Hall Development Grant
- Quick Response and Emergency Funding
- Social Enterprise Grants
- Strategic Community Partnerships

6. Checklist

- Funding application form completed, signed and all relevant information provided.
- Annual accounts or financial statement (except heritage applications)
- Project quotes (as appropriate)
- Strategic plan/business plan (if one exists)
- Project plan (if one exists)
- Feasibility study for the project (if undertaken)
- Bank deposit slip or printout from internet banking