

Community Grant Application Form



APPLICATION FOR COMMUNITY GRANT

Application details

Please print clearly

Community Board	
Name of Organisation WHANBAMATA R.S.A.	
Contact name GEOFF MARCH.	
Position PRESIDENT	Postal address 324 POKA RD WHANBAMATA
Telephone number include area code 021 025 72270	
Email geoff.suk@kmg.co.nz	

Is your organisation a legally constituted incorporated society? YES NO

What are the goals of your organisation?

EX TO SUPPORT OUR LOCAL AND SURROUNDING COMMUNITIES AND TO SUPPORT AND ASSIST SERVICE PERSONNEL IN OUR AREA.

Describe the specific purpose the community grant funding is required for.

TO SUPPORT THE ACTIVITIES THAT ENABLE WHANBAMATA RSA TO PUT ON THIS DAY FOR ALL IN OUR COMMUNITY.

Please detail the complete cost of the project.

ITEM. Description of project costs	COST
PIPE BAND	\$ 750:00
VISION & SOUND THROUGHOUT DAY,	\$ 650:00
CLASSIC AIRCRAFT FLY PAST	\$ 2,000:00
	\$
	\$
	\$
	\$
Total	\$

How much are you applying for? \$ 3400:00

Please specify where the remaining funding will come from.

WHANBAMATA RSA WELFARE AND
GENERAL FUNDS.

Have you received any funding from any Government agency in the past three years?

If so please detail below.

YES SUPPORT FOR ANZAC DAY 2016

Please advise if your organisation is under the umbrella of a national organisation.

RNZRSA.

Please outline how your project will benefit the community.

WHOLE COMMUNITY CAN COMMEMORATE
THIS HISTORIC DAY EACH YEAR

Additional Information

Please print clearly

Please add any further information you consider may assist with your application 

Information Enclosed with Application

Please enclose the following with your application form

- If your organisation is registered for GST, please supply your GST number.
- A budget projection for the next 12 months.
- Statement of Income and Expenditure for previous financial year.

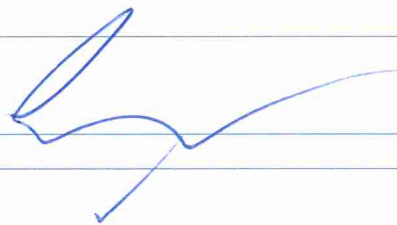
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Declaration

In making this application I declare that:

1. I am authorised to do so.
2. To the best of my knowledge all key information has been disclosed and all information in the application is true and correct.
3. If the application is successful, agree to enter with good faith into a Service Level Agreement or to complete an Expenditure Declaration stating how the Community Grant has been expended with the Community Board.

I agree with the declaration stated above, for and on behalf of the organisation.

Full Name	Geoffrey KEITH MARCH
Designation	PRESIDENT
Signed	
Date (DD/MM/YYYY)	30-3-2017

Please send your completed application to:

Community Grants
Thames-Coromandel District Council
Private Bag
Thames 3540