SPORT NZ RURAL TRAVEL FUND APPLICATION FORM 2024-2025



Application No.		(office use only)			
A. Details					
Name of organi	sation:				
Contact noveen					
Contact person	•				
Postal address:					
Telephone:					
Email:					
B. Contact I					
1. Name			Phone		
2. Name			Phone		
C. Organisa Are you a □ club	ntion Details o or a □ school?				
1. How many r	members belong to you	ur club/school?			
2. How many p subsidy ben	participants aged betw efit?	een 5 & 18 will thi	is travel		
3. How many participants are aged between 5-11 yrs?					
4. How many participants are aged between 12-18 yrs?					
5. Please detail how many applicants are female?					
	6. Please detail how many applicants are male?				
Does your application involve a partnership with a local school / club			ocal	□ YES / □ NO	

8. What is this fu	nding going to be us	sed for? (Briefly ex	xplain)	
No	ny disabled individua			ed by this fund? Yes
-	ge of your members you are applying to		•	%
D. Financial D	etails			
Are you register	red for GST?	□ YES /	□ NO	
(If yes pleas GST NO.	e write your GST Nu	imber in the space	e provide	ed below)
2. How much mon applying for?		\$ \$ \$	other fu	Z funding unders ntribution
3. If you have app Table 1 below.	lied for funding from	n other organisatio	ons, plea	se supply details - refer to
Table 1				
Organisation - (inclu	uding other councils)	Amount requested	d (\$) Re	esults date (if known)

4.	Do you have endorsement from your local affiliated club/school for this application for funding? (this is only relevant if the group applying is the regional body).
	☐ YES / ☐ NO (briefly explain and attach evidence of this)
Ε.	Declaration
	e hereby declare that the information supplied here on behalf of our ganisation is correct
pro the	e consent to Westland District Council collecting the personal contact details and information ovided in this application, retaining and using these details and disclosing them to Sport NZ for a purpose of review of the rural travel fund. This consent is given in accordance with the Privacy 1993.
1.	Name:
	Position in organisation / title:
	Signature: Date:
2.	Name:
	Position in organisation / title:
	Signature: Date:
Ple	ease attach:
	 □ Latest financial statements from your organisation (i.e. P&L, financial statement) □ A deposit slip (in case your application is approved) □ Evidence of your endorsement from your local affiliated club/school (if required)
Ch	ecklist:
	 □ Have you answered every question? □ Have you attached the relevant documents with your application? □ Scan and send your application form with the relevant documents to:
cor	e Community Development Advisor, Westland District Council mmunities@westlanddc.govt.nz or deliver hardcopy to the Customer Service Centre round floor Westland District Council, 36 Weld Street, Hokitika).

NOTE: Applications Close 23 September 2024