Community Fund Application

Today's Date:	
Project Name:	

Your Details

Organisation Name *(If applicable):*	
Your Name:	
Address:	
Phone Number:	
Email Address:	
Website (*if applicable*):	
Is your organisation a not-for-profit organisation?	Yes No

Project Details

What is the project?	
Who will benefit from this project?	
And approximately how many people will benefit from this project?	
Have you applied to any other organisation for funding for the SAME purpose?	
What is the timing of your project?	
What is the total cost of the project?	$
How much are you requesting?	$
How would you plan to acknowledge our contribution?	

Any other details you think will assist us in reviewing your application

Cost Breakdown

Item(s)	Estimate 1	Estimate 2

(Please provide copies of any quotes/estimates in support of your application)

Declaration

We declare that the information provided in this application is true and correct to the best of our knowledge & that we have the authority to make this application on behalf of our group.

Signature 1: _____ Date: ____ / ____ /

Full name: _____

Position: _____

(e.g CEO/Principal/Chairperson/Trustee)

Signature 2: _____ Date: ____ / ____ /

Full name: _____

Position: _____

(e.g Treasurer/Finance Administrator/Chairperson/Principal)

SEND YOUR COMPLETED APPLICATION FORM TO:

communityfund@diprosemiller.co.nz