



APPLICATION FOR FUNDING

Pelorus Area Health Trust

1. Full name of your organisation:

2. Your organisation's address details: Physical street address /Suburb/City /Postcode

Daytime phone number Mobile phone number Website

2. Main Contact Person: This is the person we'll call if we have questions.

Name

Position/Title

Mobile phone number

Email address (Compulsory – All correspondence will be sent via email)

3. Is your organisation GST registered? Yes | No

If your organisation is GST registered you should apply for goods and/or services exclusive of GST. If you are not GST registered our funding includes GST.

4. Is your organisation affiliated to a regional or national association? Yes | No

If yes, please attach verification of this.

5. What is the specific purpose the grant will be used for? All grants must be used for goods and services that benefit the community within the Pelorus Area.

6. What is the timing of your project? Please tell us the actual date of an event or specific period of activity that you are requesting funding for

7. What is the total cost of what you are applying for? \$

8. Cost breakdown – Please show summary of what the funding will be used for

9. Approximately how many people will benefit from the funding?

10. Have you applied to any other organisation for funding for the SAME purpose? Yes | No

(If so, please provide details: Name of funding organisation, date applied, amount requested, purpose and outcome)

11. Please tell us about any qualifications and/or experience you have in relation to the project you are seeking funding for.

12. Signature

Date
