

**APPLICATION FOR FINANCIAL ASSISTANCE
CREATIVE COMMUNITIES NEW ZEALAND**

SMALL GRANTS SCHEME

Up to a Maximum of \$300.00

1. Name of applying organisation _____

2. Address of organisation _____

3. Representative of organisation to contact regarding application:

Name _____

Address _____

Telephone No. _____ (day) _____ (night)

4. Membership

| Type (eg full, associate, junior) | Number | Subscription |
|--------------------------------------|--------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. Objectives of your organisation _____

6. Is your organisation a legally constituted trust? YES / NO

7. Are you registered for GST? YES / NO

If YES, please supply tax number _____

8. Describe the project for which you are seeking financial assistance
(continue on a separate sheet if necessary)

9. Please supply a detailed breakdown of the COMPLETE costs of the project:

| | |
|-------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL COSTS | \$ _____ |

10. How much of this are you applying to this fund for: (maximum of \$300) \$ _____

11. Please show where the remainder will come from

| | |
|---------------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL OTHER SOURCES | \$ _____ |
| TOTAL INCOME | \$ _____ |

12. Please give a summary of your fundraising efforts for this project:

13. If you have applied to any other body for grants (not already identified in 11 above) for this project, please specify to whom and for how much.

14. If you have received any financial assistance from any Central Government agency, Lottery Board or any other funding source in the last three years, please give details:

| YEAR | PROVIDER | PROJECT | AMOUNT |
|-------|----------|---------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

15. Outline the contribution you expect your project will make to the improvement of the arts or cultural life in your community. In particular, how is it likely to increase participation on your activities?

16. Please add anything else you may wish to state in support of your application

Signed _____

Designation _____

Date _____

Please send this form when completed to:

**HOROWHENUA DISTRICT COUNCIL
PRIVATE BAG 4002
LEVIN 5540**

At least 6 weeks prior to commencing your project.

If you require assistance with your application please contact:

**Special Projects Officer
Phone (06) 366 0999**