

PO Box 2401 Tauranga, 3140, New Zealand



APPLICANT DETAILS

Group or Organisation	Website (if applicable)	
Postal Address		
City	Postcode	
Primary Contact Person	Position	
First name Last name		
Contact Phone (Day)	Mobile	
Email	Which is your preferred method of communication?	
	Email Phone	

LEGAL STATUS

Is your organisation/group a registered charity? Yes No	If yes, what is your number?			
Are you GST registered? Yes No	If yes, what is your number?			
ORGANISATIONAL DETAILS				
What does your organisation do?				
Do you have a formal vision/mission statement? If so, please state here:				

PROJECT DETAILS Please describe the overall purpose of your project Please describe any sustainable economic or environmental aspects of your project.

What specific aspect of your project will this funding cover?)

Please list any groups/agencies you will partner or work with to deliver this project.				
If you are successful:				
a) Can you identify any P.R. opportunities for your organisation and the Rotar	v Cluh?			
b) Would you be willing to support the club 'in kind' e.g. assist us with man/w				
	,			
- FINIANGIALS				
FINANCIALS				
Please outline the actual costs of your project below; for example, printing, ma	terials.			
Item	Cost (in NZD)			
	1			
	J [
Total cost of project				

Have you applied to other funders? If so, please list belo	DW:
Name of funder	Amount (NZD)
	7
When submitted	Decision Date
Name of funder	Amount (NZD)
	7
When submitted	Decision Date
SUPPORTING	DOCUMENTATION
 Please attach signed and dated quotes for any mate Please attach a pre-printed deposit slip Please attach a copy of your latest audited accounts 	
DECI	LARATION
We confirm that all details contained in this application declaration. If our application is successful we agree to:	are true and correct and that we are authorised to make this
 Only spend the money on the item/s it was granted. Acknowledge the Rotary Club of Tauranga Sunrise. Agree that the Rotary Club of Tauranga Sunrise. 	ise contribution in any promotional activity; and
Please note: The persons signing here should be the sar provided in this form will be publicly available.	me contact persons as on the front page. All information
Primary Contact Name	
Date	
Signature	

APPLICATION CHECKLIST

	Yes	N/A
have attached signed and dated quotes for all materials that cost more than \$500		\bigcap

Please confirm you have completed each of the sections below prior to submitting this application