



**Nelson City Physical Activity Fund 2011  
Application Form: "Big Idea" Grant  
Expression of Interest**

**Applicant details** (the contact person is the person filling in this form)

Name of organisation \_\_\_\_\_

Postal address \_\_\_\_\_

Street address \_\_\_\_\_

E-mail address \_\_\_\_\_

Type of organisation \_\_\_\_\_

Number of members \_\_\_\_\_

Contact Person & position \_\_\_\_\_ Ph: \_\_\_\_\_

Please provide a brief description of your proposed project including:

1	Purpose and aims of the project

2	Your planning process for the project including how you determined the need for this project and any links to best practice elsewhere or research undertaken.
3	How your project will be sustained in the future?
4	What impact your project will have on your organisation and the community?
5	How will you evaluate the achieved outcomes of your project?

**Key Project Milestones**


**Budget**

Estimated total project cost: \$

Total requested from NCPAF: \$

**Referees**

Please provide us with one independent referee who knows about the application that can be contacted regarding your application. Under the Privacy Act (1993) consent from these people must be given before their details are recorded here.

1. Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

**Declaration** *(please provide two authorised signatures for your organisation)*

*We hereby declare that the information supplied here on behalf of our organisation is correct and submitted with permission and in the knowledge of our governing body.*

*We consent to the NELSON CITY COUNCIL collecting the personal contact details provided in this application, retaining and using these details and disclosing them for the review of the Nelson City Physical Activity Fund. We undertake that we have obtained the consent of all contact persons to provide these details. This consent is given in accordance with the Privacy Act 1993*

Name: \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your application to the Nelson City Council by  
5pm 9<sup>th</sup> September 2011**

**Send or Deliver to:  
Team Leader Recreation Services  
Nelson City Council  
PO Box 645  
110 Trafalgar Street  
Nelson**

**Fax – Attention of Gary Alsop, (03) 546 0239**