



**Nelson City Physical Activity Fund 2011  
 Application Form: Small Grant**

**Need Help?**  
*If you would like some help to fill out this form, please:*

- Read the '**Information for applicants**' brochure
- Contact the Team Leader Recreation Services. 03 545 8733 [gary.alsop@ncc.govt.nz](mailto:gary.alsop@ncc.govt.nz).

**A. 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: \_\_\_\_\_

**B. Project Details**

1	Describe the project in full. What will you do with the funding to increase levels of physical activity for 0-20 year olds in Nelson?



**D. Referee**

Please provide us with one independent referee that 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.

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

**E. 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 attach:**

- quotes from suppliers for each item/service you require funding for
- a current statement of income and expenditure, **or**
- a balance sheet from your organisation

**These items will complete your application.**

**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**

**Checklist**

- Have you answered every question?
- Do your figures add up?
- Have you attached a projected income and expenditure breakdown for your project?
- Have you attached a current financial statement?
- Have you attached supplier quotes for your application? If not, have you explained why not?
- Have you included the name of an independent referee who can be contacted regarding the application?