

**Nelson City Physical Activity Fund 2010
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

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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 10th September 2010**

Send or Deliver to:
Manager Cultural Social Recreation
Nelson City Council
PO Box 645
110 Trafalgar Street
Nelson

Fax - Attention of Kath Inwood (03) 546 0289
Email to Customer Services - customer.services@ncc.govt.nz