

# Sport NZ Rural Travel Fund Application Form



## Applicant Details

Name of Organisation

Contact Person

Postal Address

PO Box Address

Phone Number

Email Address

## Contact Names

First Contact Name

First Contact Phone

Second Contact Name

Second Contact Phone

## Organisation Details

Are you a Club or a School?

(Select one option)

Club

School

How many members belong to your Club/School?

How many participants aged between 5 & 18 will this travel subsidy benefit?

How many participants are aged between 5 & 11 years?

How many participants are aged between 12 & 18 years?

How many participants are female?

How many participants are male?

# Sport NZ Rural Travel Fund Application Form



## Organisation Details Continued

Does your application involve a partnership with a local School or Club?

(Select one option)

Yes

No

What is the funding going to be used for?


Do you have any individuals who are disabled that would be supported by this fund?

(Select one option)

Yes

No

If yes, how many will receive support from the Rural Travel Fund?

What percentage of your members live in the vicinity of the local authority you are applying to for the Rural Travel Fund?

	%
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## Financial Details

Are you registered for GST?

(Select one option)

Yes

No

If yes, please write your GST Number below

How much money are you applying for?

Sport NZ Funding

Other Funders

Your Contribution

TOTAL

If you have applied for funding from other organisations please supply details

Organisations (including other councils)	Amount Requested	Results Date (if known)					
	\$	D	D	M	M	Y	Y
	\$	D	D	M	M	Y	Y
	\$	D	D	M	M	Y	Y
	\$	D	D	M	M	Y	Y
	\$	D	D	M	M	Y	Y
	\$	D	D	M	M	Y	Y

# Sport NZ Rural Travel Fund Application Form



## Financial Details Continued

Do you have endorsement from your local affiliated Club/School for this application for funding? (This is only relevant if the group applying is the regional body)

(Select one option)

Yes

No

If yes, briefly explain and attach evidence of this


## Applicants Declaration

We hereby declare that the information supplied in this application is correct.

We consent to Waitaki District Council collecting the personal contact details and information provided in this application, retaining and using these details and disclosing them to Sport NZ for the purpose of review of the rural travel fund. This consent is given in accordance with the Privacy Act 1993.

Name

Name

Signature

Signature

Position

Position

Date

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
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**Please return this form to Waitaki District Council, 20 Thames Street, Oamaru or post/email to:**

Grants Administration  
Waitaki District Council  
Private Bag 50058  
Oamaru

grantsadmin@waitaki.govt.nz

**Please Attach:**

1. Latest financial statements from your organisation (i.e. P&L, financial statement)
2. A deposit slip (in case your application is approved)
3. Evidence of your endorsement from your local affiliated club/school (if required)

**Checklist**

(Select multiple options)

Have you answered every question?

Have you attached the relevant documents with your application?

Send your application form with the relevant documents to your local authority by the current cutoff date.

# Creditor Application Form

## Creditor Details

Name

Trading Name

Postal Address  
(include postcode)

NZBN Number

GST Number

Phone Number

Contact Name

Email Address (for remittance advices)

Email Address (for general enquiries etc)

Credit Terms

## Bank Account Details

Full Account Name (in BLOCK letters)

Account Number (please enter one digit in each box)

### Please Note:

- 1 Applications without a contact phone number and email address will not be processed.
- 2 Right align all bank account numbers e.g. Enter 02 suffix as 002.
- 3 Credit terms indicated on this form must match with the terms reflected on the invoice. Otherwise, the default payment terms, which is 20<sup>th</sup> of the following month from the invoice date, will be used.
- 4 'Waitaki District Council' will appear in the "particulars" column of your bank statement.
- 5 The creation of profile may take up to **3 working days** to be processed. Invoice can only be processed after the profile is created.

## Declaration

By completing and signing this form, I declare and confirm that I have the necessary authority to complete and submit this form to Waitaki District Council.

Name

Position

Signature

Date

DD

MM

YYYY

Please email completed form to [accounts@waitaki.govt.nz](mailto:accounts@waitaki.govt.nz)

## Office Use Only

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Department

Entered By

Reviewed By