

WAITAKI BIODIVERSITY GRANT APPLICATION FORM



The Grants and Awards Committee meets twice yearly in February and August to consider the Waitaki Biodiversity Grant applications. Applications may be submitted all year-round.

Please make your application legible

Applicant's Details

Full name of organisation/individual	
Organisation/individual Full Postal Address	
Organisation/individual Email Address	
Legal Status (e.g. business, incorporated society, individual)	

Contact People:

Name of main contact:

Name of second contact:

Position in the organisation:

Position in the organisation:

Daytime phone number:

Daytime phone number:

GST:

Are you GST registered?

Yes

Do **NOT** include GST in your budget

No

Include GST in your budget

GST Number _____

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ABOUT YOUR PROJECT

Project Title: _____

How long will this project operate for?

Start date: _____

Finish date: _____

Describe the project that you require funding for, including its location: (attach maps or other documents/photos as necessary)

How does this project protect or enhance biodiversity in the Waitaki District?

Who will carry out the project? (ie employees, volunteers)

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Are the works proposed in this project required under any consent plan or plan rule (from any relevant authority)

Yes

No

Who is the legal owner of the proposed site?

**Do you have the legal authority to authorise this project on this site?
If not, please note that they will need to provide their consent.**

For trusts, incorporated societies, companies – who has the authority to sign any eventual grant agreement?

To the best of your knowledge, are there any caveats or land improvement agreements on the property title which may affect the proposed project?

Are you aware of any Heritage Orders within 250 m of the proposed works?

Are there any known entries on the Heritage New Zealand Pouhere Taonga register in relation to the property?

Have you applied to other funding agencies for a grant to do this proposed project or are you planning on doing so? If so, which Fund/agency?

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YOUR DECLARATION (2 signatures required for Partnerships, Trusts or Incorporated Societies)

We hereby declare that the information supplied in this application is correct. If the application is successful, we agree to provide an accountability report with receipts (which will be sent to us with our grant) stating that the funding received has been spent on the project/programme/service or activity stated in this application. We also agree to participate in any funding audit of our organisation conducted by Waitaki District Council.

We also consent to Waitaki District Council collecting, retaining and using the personal contact details of the persons listed in this application. We confirm that we obtained the consent of the persons listed in this application to provide these details and we have the authority to commit the organisation to this application. We acknowledge our right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

Name:

Name:

Signature:

Signature:

Position held:

Position held:

Date:

Date:

SEND TO:

**Grants Administration
Waitaki District Council
Private Bag 50058
OAMARU**

OR EMAIL:

grantsadmin@waitaki.govt.nz

NOTE: Before placing your application in an envelope please check you have answered all questions, even if they are not applicable (use N/A). If you have any questions, please contact Carole Hansen on 433 0300. Failure to return a completed application may delay the processing of your application.

Things to remember:

Your application is signed by two members of your organisation

You have provided quotes where relevant

You have provided a bank deposit slip

You have provided your financial information