Donald & Nellye Malcolm Trust Grant Application Waitaki



Applicant Details
Name of Applicant/Organisation
Street Address
Is the Postal Address Different?
(Select one option) Yes No
Postal Address
Contact Person
Applicant Name
Address
Phone Number
Email
Position
Principal Officials
Chairperson
Secretary
Treasurer
Aims, Objectives and Purpose
Briefly state your Organisations Aims and Objectives
Number of Members in the Organisation
Number of people expected to benefit from the grant
Page 1 of 3

Donald & Nellye Malcolm Trust Grant Application Waitaki



Aims, Objectives and Purpose Continued						
State the purpose of your application						
Grant Amount						
How much are you	Lapplying for					
Tiow mach are you						
	\$					
Your organisation's	s contribution to the project					
	\$ control of the second					
Balance of Cost	\$ Total Cost of Project \$					
	D D MM Y Y Y Y					
runus required by						

Donald & Nellye Malcolm Trust Grant Application Waitaki



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If your organisation has received any grants from this trust in the last five years please detail

Year	Purpose of Grant	Amount
2016		\$
2017		\$
2018		\$
2019		\$
2020		\$
2021		\$
2022		\$
nclude a copy of you	r organisation's most recent annual accounts and balance sheet and exp	plain any unusal items
Do you anticipate ar	ny siginificant change in your organisations financial position in the	next twelve months

Applicants Declaration

This application has been lodged with the approval of our controlling committee and the information supplied is true and correct. I understand that the information provided in this application will be treated in confidence and available only to the Trustees and Trust Secretary for the purposes of deciding grant allocations and further understand that no discussion or correspondence shall be entered into between the applicant and the Trust. I understand also that a list of successful applicants and the sums granted to them will be made available to the public.

Name		Position	
Date	D D MM Y Y Y Y	Signature	

Condition of nomination

The decisions of the Selection Panel are final, and no correspondence will be entered into, or reasons given for any unsuccessful nomination. If the nomination is unsuccessful, it may be carried over to be considered again the following year.

Please return this form to the Trust Secretary, Leanne Kingan at the Waitaki District Council, 20 Thames Street, Oamaru or post/email to:

Leanne Kingan Waitaki District Council Private Bag 50058 Oamaru 9444

Email: lkingan@waitaki.govt.nz Phone (03) 433 0300

Applications must be received by 4.00pm on 31 August 2023