Sport NZ Rural Travel Fund Application
Form Preview

Applicant Details

* indicates a required field

General Details

Name of Organisation or School *
Organisation Name

Organisation/School Address: *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Organisation/School Phone Number *

Must be a New Zealand phone number.

Organisation/School Email *

Must be an email address.

Primary Contact Person *
First Name Last Name

Primary Contact Position

Primary Contact Mobile Phone Number *

Must be a New Zealand phone number.

Primary Contact Email *

Must be an email address.

Organisation or School Details

If you are a Club please give a brief summary of what your club does *

If you are a School please indicate what your Equity Index (EQI) is *

1. How many members belong to your club/school? *

Must be a number.

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

Must be a number.

3. How many participants are aged between 5-11 yrs? *

Must be a number.

4. How many participants are aged between 12-18 yrs? *

Must be a number.

5. How many participants are female? *

Must be a number.

6. How many participants are male? *

Must be a number.

7. Does your application involve a partnership with a local school / club? *

☐ Yes
☐ No

8. Is your application for competitions outside of normal school hours? *

☐ Yes
☐ No

New Section

Funding Details

* indicates a required field

What is your funding going to be used for?

Please note: This funding is for local sporting competitions *outside* of school time only.

Briefly Explain *

Provide a short description (100 words recommended)

How many km's do you need to travel to participate in your competition? *
☐ 0-50km's
☐ 50-100km's
☐ 100km's +

Do you have any disabled individuals who are being supported by this fund? *
☐ Yes
☐ No

a. If yes, how many will receive support from the fund *

Do you require accessible transport services? *
☐ Yes
☐ No

If Yes are there additional costs associated with this transport *

Please explain these costs

What percentage of your members live in the vicinity of the local authority you are applying to for the rural travel fund? *

Must be a number.

Financial Details

* indicates a required field

Are you registered for GST? *
☐ Yes
☐ No

If yes please write your GST Number in the space provided below *

Must be a number.

Budget

Income	**$**	**Expenditure**	**$**
Sport NZ Funding, Other Funds, Your Contribution		Costs associated with travel	
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$

Total Income Amount *

$

This number/amount is calculated.

Total Expenditure Amount *

$

This number/amount is calculated.

Income - Expenditure *

$

This number/amount is calculated.

Total Amount Requested *

$

Must be a dollar amount.
How much funding are you applying for from this fund?

Please upload your latest financial statements *
Attach a file:

Please upload a deposit slip (in case your application is approved) *
Attach a file:

Further Information

* indicates a required field

What other funding have your applied for?

This includes any funding applications you have outstanding

Funder	Funding Applied For
e.g. other councils	
	$
	$
	$
	$
	$
	$
	$
	$

Total Amount of Funding Applied For *

$

This number/amount is calculated.

4. 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). *

☐ Yes
☐ No

If Yes - Briefly explain *

If Yes - Attach evidence of this *

Attach a file:

Declaration

* indicates a required field

We hereby declare that the information supplied in this application form on behalf of our club/school is correct.

We consent to Central Hawke's Bay District Council authority 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 2020.

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Declaration *
○ I agree with the above declaration

Name *
Title First Name Last Name

By completing

Position *