



<b>Long Term Maintenance of the Project.</b>	
<i>The long term maintenance of projects is important. Please describe how the outcomes of the project will be maintained for the benefit of future generations?</i>	
<b>Have you applied to any other organisations for financial or in kind assistance?</b>	<input type="checkbox"/> Yes – please list: - - <input type="checkbox"/> No
<b>Is there any further information about your project that you wish to include with your application?</b>	Please attach additional pages if required.

**Project Plan & Budget**  
(please attach additional pages if required)

<b>How long will it take to carry out your project?</b>	<input type="checkbox"/> 0-6 Months <input type="checkbox"/> 7-12 Months <input type="checkbox"/> 1-3 Years <input type="checkbox"/> Other _____
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**Project Overview**

Start date	Expected Timeframe	Costs to be covered by:		
Key tasks to be completed	Cost(s)	Your Organisation	Other Organisations	WCT
•	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total for Project</b>		\$	\$	\$
<b>Total cost(s) of Project</b>		Your organisation/roopu contribution		\$
GST inclusive		Financial support from other organisations		\$
		Amount sought from WCT		\$
		<b>Total Cost</b>		\$



## Financial Details

Funding will only be paid into an organisation/roopu recognised bank account.

Please attach a verified bank account statement or deposit slip. The method and timing of payments will be at the discretion of the Wairakei Charitable Trust.

GST is to be included in all invoices.

## Checklist

Before submitting your application please check that you have:

- Read the 'Funding Policy' document and be sure that your proposal meets the application criteria.
- Completed all relevant sections in this application form
- Attached written endorsement from the relevant committee with a copy of the minutes from the meeting showing resolution to support your project.
- Signed this application form (2 people to sign below)
- Attached any other additional information to support this application

### Please send all completed application forms to:

Wairakei Charitable Trust  
PO Box 19  
TURANGI

### All enquiries to be directed to:

Total Diversity Ltd (Secretary)  
Phone: 07 386 6843 or Fax: 07 386 0390  
Email: info@tdltd.co.nz

## Signatures

Two people from your organisation must complete this section. By signing below, each signatory certifies that:

1. The information contained in this application is true and correct.
2. There is no guarantee that the organisation/roopu will be successful in receiving funding.
3. The Wairakei Charitable Trust may collect information about the organisation/roopu from any third parties in respect of this application.
4. The signatories have the authority to commit the organisation to this application.

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please ensure that all parts of the application form are completed and supporting documents are attached.

**Incomplete applications will be declined.**

**CLOSING DATE: SATURDAY 29<sup>th</sup> FEBRUARY 2020**