

# Selwyn Youth Project Fund Application Form 2020/21

*Before completing this application form please read the Selwyn Youth Project Fund policy and guidelines.*

Organisation name:

## Contact person

Name:

Email:

Phone (day):

Mobile:

## Alternative contact person

Name:

Email:

Phone (day):

Mobile:

## Project/Event Details

Project/Event name:

Project/Event venue and address:

Project/Event date(s) and time(s):

Estimated total attendance:

Please describe your project/event: (or attach and project/event plan)

Is your project/event: ☐ ANNUAL ☐ BIENNIAL ☐ ONE OFF

Has your project/event been held previously? ☐ YES ☐ NO

How are you promoting your project/event? *(or please attach your marketing/promotional plan)*

What benefits do you expect from this project/event for the youth of Selwyn?

Please provide a full budget for this project/event, including income and expenditure:  
(Complete here or attach separately)

PLEASE NOTE - All figures below must be GST EXCLUSIVE

#### BUDGET

Income (GST exclusive)	
Total	\$

Expenditure (GST exclusive)	
Total	\$

How much are you applying for?

Amount: \$

What specifically will this amount be used for?

Have you, or will you, apply for any other funding for this project/event, please specify to whom and for how much:

Organisation	Amount applied for	Approved/Declined/Pending	Decision Date

I hereby declare that the above information is correct. If the application is successful, I will provide within one month of the project/event taking place a full report and expenditure return.

Signed:

Designation:

Please return completed application to: Selwyn Youth Project Fund (Attention Shay Robinson)  
Selwyn District Council  
PO Box 90  
ROLLESTON 7643

Or email to:

[youth.council@selwyn.govt.nz](mailto:youth.council@selwyn.govt.nz)

Applications received by the 20th of each month will be considered at the following month's Youth Council meeting.

CHECK LIST	YES			NO		
1. Have you answered all the questions?						
2. Do your figures add up?						
3. Can your contact people be easily reached?						

## Applicant Details

This form **MUST** be completed otherwise no payment can be made

Name on bank account:

Bank account number: *(15 digits)*

PLEASE ATTACH A DEPOSIT FORM OTHERWISE NO PAYMENT CAN BE MADE

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Particulars to appear on your Bank Statement

Y	O	U	T	H		F	U	N	D
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Signed:

Print Name:

Date:

For Office Use Only:

Creditor Number: \_\_\_\_\_

Input Date: \_\_\_\_\_

Checked: \_\_\_\_\_