

# Individuals and Teams Fund Application Form



Please fill out and return this form to:

**Email:** selwyn.communityfund@selwyn.govt.nz **Post:** Community Funding, Selwyn District Council, PO Box 90, Rolleston 7643

## 1. Individual or Team

a) Are you applying as an Individual or Team? (please tick) ☐ Individual ☐ Team

b) Please provide the name of the club/organisation/school you are representing (if applicable): \_\_\_\_\_

*Please provide supporting documentation below showing their endorsement for this application for funding (if applicable).*

c) If you are applying as a team, please provide the following information:

Name of team: \_\_\_\_\_

Number of people benefiting from this funding: \_\_\_\_\_ Number of people benefiting from this funding that live in Selwyn: \_\_\_\_\_

## 2. Contact Details

a) Primary Contact Details

Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

b) Secondary Contact Details (if any)

Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

## 3. Funding details

a) Which funding outcome does your application meet? (please tick)

- ☐ Individuals or teams selected to represent their school, club or community at a local, regional, national, or international event or competition (including sporting, cultural, or community events) are supported to participate.
- ☐ Individuals actively engaged in community service and contributing to the overall wellbeing of their community are supported to participate in growth and development opportunities.
- ☐ Individuals with barriers to participating in community life are supported to participate.

b) If this request is for travel or participation at an event, please provide the following information.

You can also provide further information in the section below.

- Dates of travel/event: \_\_\_\_\_
- Location of travel/event: \_\_\_\_\_
- Method of travel: \_\_\_\_\_

c) What is the purpose of the funding?

*Briefly describe what your funding request is for.*

d) Breakdown of the fund request/What these funds will be used for:

Items (e.g. airfares, registration fee)	Amount

e) Total Fund Request Amount: \_\_\_\_\_

#### 4. Other Funding

a) Please list any other funding sources you have applied to or received for this event/activity/initiative or any fundraising activities that you have undertaken.

Funding	Amount

b) If you have received any financial assistance from the Selwyn District Council in the last three years, please provide details.  
If not, please leave this table blank.

Year/Month	Fund	Amount

#### 5. Bank Account Details

a) If your funding request is approved, we will deposit the funds into your bank account. Please provide the bank account details below:

- Name on bank account: \_\_\_\_\_
- Bank account number: \_\_\_\_\_
- If you are registered for GST, please provide your GST number here: \_\_\_\_\_

#### 6. Supporting Documents

- Please attach proof of the bank account (any one of these: a deposit slip, a letter from the bank, or a bank statement showing the bank account number).
- Please include the documents that support the budget breakdown above or any other documents, such as reference or support letters, endorsements from local affiliated clubs/schools, or evidence of selection, that support your application.

#### 7. Declaration

- I declare that the above information is correct.
- I agree that if the application is successful:
  - The grant will be used for the purpose specified in this application.
  - I/my organisation will provide a brief report (up to 250 words) on how the grant was utilised, within one year of receiving the grant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_