

# Ellesmere Reserves Board Reserve Application Form



Please fill out and return this form to:

**Email:** [funding@selwyn.govt.nz](mailto:funding@selwyn.govt.nz) **Post:** Community Funding, Selwyn District Council, PO Box 90, Rolleston 7643

## 1. Applicant Details

Name of organisation: \_\_\_\_\_

Organisation email address: \_\_\_\_\_

Organisation address: \_\_\_\_\_

## 2. Contact Details

### a) Primary Contact Details

Contact person: \_\_\_\_\_

Role in organisation: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

### b) Secondary Contact Details (if any)

Contact person: \_\_\_\_\_

Role in organisation: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

## 3. Funding details

### a) Please describe what your funding application is for (the "project"):

### b) Which funding outcome does your project meet?

*Please select one option only.*

☐ Ellesmere Reserves are maintained for the benefit of the people and groups using these facilities.

☐ Recreational and sporting initiatives are supported for the enjoyment and benefit of all Ellesmere residents.

### c) How does your project align with this outcome?

d) What is the location of your project?

e) If the project is on a specific date/s, what date/s will it take place?

f) How many people will benefit from the project?

*Please estimate the number of people who will directly benefit from the project.  
Include any indirect benefits to the wider community, if applicable.*

g) What benefits do you expect from this project for Ellesmere?

*Please explain the specific benefits your project will bring to Ellesmere, and how these benefits support the fund's purpose (recreation, sport, or reserves).*

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

*Please attach a separate, detailed budget if you require additional space.*

Items	Amount

**h) Total Fund Request Amount:** \_\_\_\_\_

#### 4. Other Funding

a) Please list any other funding sources you have applied to or received for this project 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

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: \_\_\_\_\_

Postal address: \_\_\_\_\_

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

**If you are registered for GST, please provide your GST number here:** \_\_\_\_\_

*For organisations registered for GST: If your funding request is approved, we will require a tax invoice to process the grant.*

## 6. Supporting Documents

- Please attach a copy of your organisation's annual budget and/or your latest audited accounts.
- 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 documents or quotes that may 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/we agree the organisation name, project name, and the amount of funding received may be publicly disclosed.
  - I/my organisation will provide a report on how the grant was utilised, within one year of receiving the grant.

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