



Community Road Safety Fund Small Project Application Form

Project Name: _____

Project Manager: _____

Name of group/organisation delivering the project:

Contact person for group/organisation: _____

Postal Address: _____

E-mail: _____

Phone: _____ Fax: _____

Please provide the latest financial statement for this group/ organisation. If this is not available, please give details of group/organisation financial circumstances.

Project Timeframe (planned date of delivery or period it is to run)

What is the road safety issue being targeted?

What solutions does the project provide?

Project Description/activity: (What do you plan to do?)

Partners Involved

Who are you targeting?

Project evaluation: (How will you measure success?)

Project Budget

Description of Costs	Cost (including GST)
Total Cost of Project	\$

How much are applying for to complete this project? (including GST)
(Note: maximum application = \$500 including GST)

\$ _____

GST number for your organisation (if applicable) _____

Signed _____ Designation _____

Please send application form to:

Road Safety Coordinator
Selwyn District Council
P O Box 90
Rolleston 7643
(03) 347 2901
roadsafety@selwyn.govt.nz

Office Use:

Application received : _____

Decision

Approved / Declined

Payment details

Purchase order: _____

Payee: _____

Signature: _____ Date: _____