

Districtwide Facility Hire Remission Grants application form

Name _____

Organisation (if applicable) _____

Address _____

Phone Number _____

Email _____

Why do you need this funding?

When do you need it? _____

What are the expected benefits to the Kāpiti Coast District Council?

Your budget

Costs (travel accommodation etc)

	Expense	\$
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Income (fundraising, grants, saving)

	Source	\$
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

How much are you applying for? _____

Are you GST registered? _____

If your application is successful, you will be required to provide a GST invoice before your grant can be paid.

What other funds have been sought for this project/activity? (Please list)

Please list any grants received from the Districtwide Facility Hire Remissions Fund in the past three years.

Please attach a bank deposit slip for direct credit payment if application is successful

Attach any other supporting information that will help your application

Declaration

I certify that the information provided above is accurate.

Signature

Name
Role

