## **Application for Funding from Community Trust of Maniototo or Māniatoto Trust Fund**



Applicant Information				
Applicant's name:				
Community group or club:				
Address:				
Phone:				
Pnone:	EIIIdii			
Signature:	Date:			
Funding purpose:				
Please attach:				
<ul> <li>Full details or plan for your proposal</li> <li>Copies of cost estimates</li> <li>Last set of audited/reviewed accounts f where appropriate</li> <li>Minuted resolution from club or organis</li> <li>GST number if applicable</li> <li>GST Number:</li> </ul>	ation supporting the applica			
Funding amount:	Date when funds are r	needed:		
Have you applied for funding from any other org	ganisation/s	□ No		
If yes which organisation/s				
It is recommended that a representative is avail	lable to speak to the applica	otion		
Please select how you would like to speak to the application		ation.		
☐ Applicant will speak to the application at the meeting	n:			
	- ddaa tha maating link invitatio	- in the balance.		
Applicant will speak to the application remotely. E-mail	address the meeting ink invitation	n is to be sem.		
Please return completed application form to:				
Asset Management Team Leader - Property Ranfurly Service Centre	For Office Use			
15 Pery St Ranfurly	Application received on: Financial accounts attached:	☐ Yes ☐ No		
janice.remnant@codc.govt.nz	Application considered by:	Māniatoto Trust Fund		
Applications Close: Friday 4.00pm		Community Trust of Maniototo		
15 <sup>th</sup> November 2024	Emergency grant requested:  Yes No			