Shannon Community Development Trust - Application Form - 2026/2027

Form Preview

Contact Details

* indicates a required field

Applicant *

○ Individual ○ Organisation

Organisation Name

Title | First Name | Last Name

Applicant Primary Address *

Address

Address Line 1 is required.

Primary Email: *

Must be an email address.

Contact phone: *

Project Details

* indicates a required field

Project Name: (if any)

Description of Project: *

Provide a short description (100 words recommended) of your project - what are you out to do?

What are the expected benefits to you (the applicant), and how will any grant received benefit the Shannon community? *

How will the benefits to you (the applicant) and the Shannon community be measured? *

Project Details Attachment:
Attach a file:

Project Budget

* indicates a required field

Funding Details

Have you or your organisation received funding from the Shannon Community Development Trust in the past three years? *
- ○ Yes
- ○ No

Are you GST registered? *
- ○ Yes
- ○ No

What other funds have been sought for this project/activity:

What amount of funding are you applying to the Shannon Community Development Trust for? *

If yes, please state year, amount and purpose: *

Budget

Expenditure	$	Income	$
	$		$
	$		$
	$		$
	$		$

	$		$
	$		$

Budget Totals

Total Income Amount
$
This number/amount is calculated.

Total Expenditure Amount
$
This number/amount is calculated.

Income - Expenditure
$
This number/amount is calculated.

Attach Budget:
Attach a file:

Attach Files

* indicates a required field

Attach a bank deposit slip or certified bank statement: *
Attach a file:

Attach copies of two written quotes for each item over $250 to be purchased with the grant:
Attach a file:

Attach a copy of your most recent accounts and financial statement:
Attach a file:

Attach letters of support from partner organisation, governing body or independent referee
Attach a file:

Declaration

* indicates a required field

Privacy

The information supplied in this application form will be held and used by the staff of Horowhenua District Council. The information will not be disclosed by Horowhenua District Council unless legally required under the Local Government Information and Meetings Act

1987 or for one of the purposes in connection with its collection. The information supplied will be used for:

- Assessing and processing this application and for administration purposes
- Updating existing Horowhenua District Council Funding records
- Providing information on your group and project for inclusion on the committee meeting agenda
- Enabling us to tell you about related services provided by Horowhenua District Council
- Providing Horowhenua District Council with statistical information to assist policy development.

You have the right to request access to, and correction of, information collected and held by Horowhenua District Council. Any requests for access should be addressed to your local community funding advisor.

By entering your name in the space below you are electronically signing this form.

Name: *

Date: *

Must be a date.