

**APPLICATION**

**FOR FUNDING**

**Name of Applicant:** *Please note most of the fields below are expandable.*

**Contact Details:**

|  |  |
| --- | --- |
| **Given Name** |  |
| **Surname** |  |
| **Position Title** |  |
| **Address** |  |

**Contact Numbers:**

|  |  |
| --- | --- |
| **Telephone** |  |
| **Facsimile** |  |
| **Mobile** |  |
| **Email** |  |

**Name of Event/Project you applying funding for:**

**Detailed description of the event/project:**

**Identify the main priority for your event/project:**

Teaching

Adult participation

Youth participation

Coaching

**Event or Project Duration:**

Single Event

One weekend

One week

Other:

**Estimated numbers that will benefit from this event/project:**

**Evidence of Need**

Explain how you have determined the need for this event/project; include any evidence that supports your application:

**Project Contributions, Cash and In-Kind:**

|  |  |  |
| --- | --- | --- |
| **Total cost over the term of the event/project** | | **$** |
| Funding sought from New Zealand Bridge Foundation over the term of the event/project |  | **$** |
| Potential or confirmed contributions from other sources | **In-kind** | **Cash** |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Income** | **$** | **$** |

I hereby certify that I have been authorised to prepare and submit this application.

The information contained herein is, to the best of my knowledge, true and correct.

|  |  |
| --- | --- |
| **Full Name** |  |
| **Club or Region** |  |
| **Position** |  |
| **Date** |  |

**Completed application forms** should be emailed to the NZBF Secretary:

Alister Stuck - secretary@nzbridge.co.nz