

**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** |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
| **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