



**A) Applicants details**

Full Name: .....

Address: .....

.....

Email address: .....

Contact phone numbers: .....

Date of Birth: .....

Employment status: Not employed Part time Full time

Mailing Address if different from above: .....

.....

Name of person filling out application form: (if different and relationship to applicant)

.....

Contact phone number (if different from above): .....

**B) Eligibility:**

- 1) Does the applicant reside in the Otago region? Yes/No
- 2) Does the applicant have NZ Citizenship or permanent residency? Yes/No
- 3) Nature of the applicant's disability: .....
- 4) What year did applicant join ParaFed Otago

**C) Funding Request:**

Description of what the grant is for and how it will benefit applicant (Please attach additional sheets if insufficient space below): .....

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.....

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Amount of funding sought: \$.....

Two quotes (if applicable) to be attached to this application.

**COST**

Indicate the costs/income for the event/project: \$.....

**INCOME**

How will you contribute financially to the project e.g. sponsorship, fundraising, other: .....

.....

**TOTAL CONTRIBUTION \$** .....

**D) Other Funders Approached:**

Have you applied to other funders? Yes/No

If yes please give full details below including amount:

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**E) Government Funding:**

If this application is for assistance normally provided by Government funding please advise why the Government will not fund this application.

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**F) Letter of Support:**

Please provide letter of support of application.

**G) Previous Applications to ParaFed Otago Charitable Trust**

Has the applicant received a grant from The Trust previously? Yes/No

If yes please provide details below:

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.....  
.....

The ParaFed Otago Charitable Trust may consider it appropriate for you to approach other funders to assist with funding this application.

**H) Declaration:**

I ..... (Full name of applicant)

Agree that

- I have read and fully understand and accept the criteria on page 1 and have attached a signed copy.
- the information contained in this application is true and accurate
- If my application is successful then funds granted will be spent only on the purpose stated in this application and if not that funds received will be paid back in full to The Trust.
- If Funds received from the Trust turn out to be in excess of requirement then the amount of excess must be returned to The Trust.
- Copies of all receipts pertaining to the use of the funds will be given to The Trust within 3 months of the funds being spent along with a letter advising The Trust how they benefited from the grant.
- Failure to comply with the condition of this grant will forfeit my right to apply for further assistance and any funding received must be repaid to the Trust along with any cost incurred by the Trust in recovering funds.

Signature of Applicant or Power of Attorney (Copy of Power of Attorney to be attached)

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Dated .....

Mail this Application to:

**ParaFed Otago Charitable Trust**  
**PO Box 5828**  
**DUNEDIN 9058**