

Network **Tasman** CHARITABLE TRUST

**THE PETER MALONE
COMMUNITY GRANTS AND LOANS SCHEME 2018
INDIVIDUAL APPLICATION**

OFFICE USE ONLY	I	AREA	TYPE	CLASS	APPN NO.
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**NB: THIS FORM IS TO BE USED BY INDIVIDUALS ONLY.
AN ORGANISATION REQUESTING FUNDS FOR A MEMBER SHOULD USE THE
GROUP APPLICATION FORM.**

1. FULL NAME OF PERSON FOR WHOM GRANT IS REQUIRED:

2. FULL NAME OF PERSON MAKING APPLICATION: (If beneficiary is under 18 years of age application must be completed by an adult)

3. CONTACT DETAILS:

Work Ph Home Ph Mobile
Fax Email

4. POSTAL ADDRESS:

5. RELATIONSHIP OF APPLICANT TO BENEFICIARY:

6. ARE YOU (BENEFICIARY) A MEMBER OF A HOUSEHOLD CONNECTED TO THE NETWORK TASMAN LINES SYSTEM?

YES / NO

7. WHAT WILL THIS GRANT BE USED FOR?

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.....

8. WHAT BENEFITS WOULD YOU PERCEIVE FROM RECEIVING A GRANT?

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.....

9. WHAT ARE THE COSTS OF YOUR PROJECT:

EXPENSES	COST \$
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.....
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.....
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.....
TOTAL COST OF PROJECT:	\$

16. DECLARATION

I hereby declare that the information supplied here is correct and that I agree to abide by the Rules and Criteria of the Network Tasman Charitable Trust Community Grants and Loans Scheme.

NAME: POSITION

SIGNATURE: DATE

17. CONSENT UNDER PRIVACY ACT 1993

I,, hereby consent to the Network Tasman Charitable Trust collecting the personal details provided above, and retaining and using these details. I acknowledge my right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

SIGNATURE: DATE:

Applications close 5pm Friday 31 August 2018

Please note: Final decision made in October

APPLICATION TO:

**Alicia Chapman
Network Tasman Charitable Trust
C/- Craig Anderson Ltd
270A Queen Street, Richmond 7020
P O Box 3115, Richmond 7050**

Ph: (03) 544 6179

Fax: (03) 544 5979

Email: *reception@caca.co.nz (Preferred if possible)*