



Application for Funding from the Year of the Veteran Community Grants Fund

What we want you to do

Complete the form, attach any supporting information and send it to:
'Year of the Veteran'
Veterans' Affairs New Zealand
P O Box 5146
Wellington

Closing Dates for Applications

Grant applications will be considered in:

- February – applications close on 10 February 2006
- April – applications close on 7 April 2006
- July – applications close on 7 July 2006
- October – applications close on 6 October 2006

Privacy

The information you provide on this form will be used to make a decision on your application for funding. If your application is successful your project will be included on a 'Year of the Veteran' project database on the Veterans' Affairs New Zealand website and may also be the subject of a media release.

Part 1 - Contact Details

Organisations Name	
Street Address	
Postal Address (if different to street address)	
Contact Person	
Postal Address	
Daytime Phone Number	
Fax Number	
Email Address	



Part 2 - Details of Project/Event

Title of the Project/Event/Activity	
Dates of event/timeframe for project	
Description of the Project/Event/Activity If you have additional documents, plans, photographs etc. top support your application please attach.	



How does this project contribute to the purpose of the 'Year of the Veteran' Community Grants Fund.	

Part 3 - Project/Event Budget

What is the total cost of the project/event		
Provide a breakdown of costs (please attach quotes and copies of any other supporting data).	Item	Amount
How much funding are you seeking?		
Are any other organisations providing assistance? Please detail their contributions.	Organisation	Amount



Please specify any in-kind contributions being made, e.g. volunteer time, discounts or donations by business etc.	
If there is a shortfall in funding, please outline how the remaining funds will be secured?	

Part 4 - Declaration

Applicants are required to have the application form signed by an office holder in the applicant organisation.

We the undersigned declare that the statements made in this application are, to the best of our knowledge, true and correct.

Signature of the office holder person	Day	Month	Year
Name			
Position in the organisation			

Signature of the contact person	Day	Month	Year
Name			
Position in the organisation			