

West Coast Amateur Sports Trust

Supporting sports people in the Buller , Grey & Westland Districts



Application for Funding

C/- P O Box 382 | Greymouth | New Zealand
Ph 03 769 8600 | www.greycdc.govt.nz

OBJECT OF THE TRUST

To assist individual amateur sports people in the Buller, Grey and Westland districts, who have been recognised by their sports body to have potential to reach national representative level, to participate in training and/or competition that will help them towards reaching a goal in line with the Trust's objectives.

TRUST FUNDS

Under the terms of the Charitable Trusts Act 1957, any funds granted by this Trust must be paid to the applicant's Parent Body and that Body must be registered as an Amateur Sports Club.

CLOSING DATES FOR APPLICATIONS

There are two funding rounds per year as follows:

ROUND	APPLICATION CLOSING DATE	MEETING DATE TO CONSIDER APPLICATIONS
1 st Round	31 st March	No later than 30 th April
2 nd Round	30 th September	No later than 31 st October

BOARD DECISION

The Board decision is final and no correspondence will be entered into.

CHECKLIST

HAS THE FORM BEEN COMPLETED PERSONALLY BY THE APPLICANT ☐

(THE FOLLOWING MUST BE ATTACHED)

Budget ☐

Coach Report ☐

Letter of Support ☐

(Club and/or National Body)

ENQUIRIES

For all enquiries, please contact:

Catriona Bayliss
C/- Grey District Council
P O Box 382
Greymouth 7840

Ph 03 769 8600
info@greydc.govt.nz
www.greydc.govt.nz

Charity Registration Number CC41171

APPLICANT'S PERSONAL DETAILS

Date of Application		
Name of Applicant		
Address		
Date of Birth:		
Contact Details	Phone (Night)	
	Phone (Day)	
	Email	

PURPOSE OF APPLICATION

Reason for applying for funds

TO BE COMPLETED PERSONALLY BY APPLICANT

COSTS

Outline the costs you will be required to meet (This does not include equipment, Administrators or officials):

ITEM	DOLLAR AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL COST (A)	\$

Outline how you intend to fund the costs you will be required to meet:

ITEM	DOLLAR AMOUNT
Cash in hand	\$
Loans/Mortgage/Debenture	\$
Other sponsorship/grant (please specify source)	\$
Intended fundraising (provide as estimate)	\$
Other (specify)	\$
TOTAL FUNDS AVAILABLE/EXPECTED (B)	\$

Please specify the amount of funding requested:

ITEM	DOLLAR AMOUNT
Total cost of project (A)	\$
Less total funds available (B)	\$
Difference (C) (A minus B)	\$
Amount Requested (D)	\$
Shortfall (C minus D)	\$

OTHER

Who supports you in ways other than cash?

If travelling who will be with you?

What will be the benefits gained by you?

ACHIEVEMENTS AND GOALS

Briefly describe your sporting achievements to date:
What are your realistic long term goals?

TO BE COMPLETED PERSONALLY BY APPLICANT

If funding is granted you will need an agreed goal between yourself, your parent body and the Trust. Using such funding, what do you feel that agreed goal should be?

[illegible]

Agreed goal (official use only)

[illegible]

COACH'S REPORT

COACH'S DETAILS

Name of Coach		
Address		
Contact Details	Phone (Night)	
	Phone (Day)	
	Email	

COACH'S REPORT

Your coach should write a brief report on the facts that you have submitted in this application:

SIGNED

Coach	
Applicant	

GENERAL DETAILS

Name of Club/Organisation		
Postal Address		
Club Bank Account Name and Account Number (deposit slip /bank confirmation attached)		

Club Chairperson		
Address		
Contact Details	Phone (Night)	
	Phone (Day)	
	Email	

Club Secretary		
Address		
Contact Details	Phone (Night)	
	Phone (Day)	
	Email	

What amateur sport is your club/organisation involved in?		
How many members belong to your club/organisation?		
Does your Club hold amateur status?	Yes	No

SUPPORT OF APPLICANT

How does your club intend to support you over the next 3 years?

SIGNED

Applicant	
Chairperson	
Secretary	

OFFICIAL USE ONLY

APPLICATION

Applicant	
Application number	
Date received	
Parent club/organisation	

CONSIDERATION

Trust meeting date	
Amount Requested	\$
Total Cost	\$
Minute of Trust decision	

PAYMENT

Payment	Amount Approved	\$
	Cheque no	
	Date paid	

SIGNED

Administration Officer	
Trustee	

ATTACH PARENT BODY RECEIPT