

**SPARC  
RURAL TRAVEL FUND  
APPLICATION FORM 2004/2005**

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**A. Your details**

Name of organisation -----  
 Postal address -----  
 Street address -----  
 Telephone -----

**Contact names**

*Please give the names of two people who we can contact if we need more information. The first contact must be the person who filled out the form. Under the Privacy Act (1993) consent from these people must be given before their details are recorded here.*

1. Name----- Phone (day) ----- (evng) -----  
 2. Name----- Phone (day) ----- (evng) -----

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**OFFICE USE ONLY**

		<i>Application Number</i> .....
<i>Eligible</i> Y / N	<i>Approved</i> Y / N	<i>Accountability Form Returned</i> Y / N

**B. Travel Subsidy Details**

1. Will the travel subsidy benefit participants aged 5-19? Yes / No  
  
 If so, how many participants?

*Please describe fully: (continue on a separate sheet if necessary)*

2. What is this funding going to be used for?  
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3. Does your application involve a partnership with a local school? Yes / No
4. How many members belong to your club/organisation? -----
5. What percentage of your members live in the Kaikoura District? ----- %

**C. Financial Details**

1. Are you registered for GST? Yes / No  
 If yes, please write your GST Number \_\_\_\_\_

2. Please indicate the amount you are applying for:
- |                   |          |
|-------------------|----------|
| SPARC Funding     | \$ _____ |
| Other Funders     | \$ _____ |
| Your Contribution | \$ _____ |
| TOTAL             | \$ _____ |

3. Have you applied to any other organisation for funding, and if so what was the result?

Organisation/s (including other councils)	\$ Requested	Result Date
		/ /
		/ /
		/ /

**If you are a regional organisation:**

- Do you have the endorsement of your local affiliated clubs for this project? Yes / No  
 (if yes, please attach evidence of endorsement)

**E. Declaration** (please provide two signatures)

We hereby declare that the information supplied here on behalf of our organisation is correct.

We consent to the Kaikoura District Council collecting the personal contact details provided in this application, retaining and using these details and disclosing them to SPARC for the purpose of review of the Rural Travel Fund. We undertake that we have obtained the consent of the other contact person to provide these details. This consent is given in accordance with the Privacy Act 1993.

Name: .....

Position in organisation: .....

Signature: ..... Date: .....

Name: .....

Position in organisation: .....

Signature: ..... Date: .....

**Please attach:**

- a current statement of income and expenditure, or
- a balance sheet from your organisation, and
- a bank account deposit slip (in case your application is approved)

NOTE: PHOTOCOPIES ONLY PLEASE - THERE IS NO GUARANTEE THAT ORIGINALS WILL BE RETURNED.

**These items will complete your application.**

*Please return your application to the Kaikoura District Council by 4.00pm 31 March 2004.*

**Kaikoura District Council**  
**PO Box 6**  
**34 Esplanade**  
**KAIKOURA**  
**PHONE (03) 319-5026 FAX (03) 319-5308**

**Checklist**

- Have you answered every question?
- Do your figures add up?
- Have you attached a current financial statement?
- Have you attached a bank deposit slip?
- Have you attached evidence of endorsement from local affiliated clubs?  
**(regional organisations only)**