

5. Total cost of project/activity	
	\$
	\$
	\$
	\$
	\$
	\$
Total cost	\$
6. How funded (include contributions, if any, by applicant or other organisation)	
	\$
	\$
	\$
	\$
	\$
Reimbursement being applied for:	\$
Total cost	\$
7. Applicant's details	
Name of applicant:	<input type="text"/>
Organisation:	<input type="text"/>
Address:	<input type="text"/>
Bank Account No: (attach bank deposit slip)	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
8. Consent Under Privacy Act 1993	
I <input type="text"/> (name) consent to Clutha District Council	
collecting the personal contact details provided above, retaining and using those details for mailing and contact lists and disclosing them to any agencies for the purpose of reviewing the Council's funding schemes. I undertake that I have obtained the consent of the other contact person to provide these details. I acknowledge my right to have access to this information. This consent is given in accordance with the Privacy Act 1993.	
Name:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

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