Application form for Clutha Youth Council Development Fund

Clutha District Council

Applicant's Name:	
Address:	
Telephone No:	
Mobile:	
Email:	

Tell us a bit about you/your group:

What is it that you are hoping to do/achieve?

Please provide a budget/breakdown of what it is expected to cost and how you hope to fund it, including how much you hope the Youth Council might fund. Where applicable include written quotes.			
Costs: (Some examples are provided below)		**Funded by:** (Some examples are provided below)	
Fees	$	Donated material	$
Travel & accommodation	$	Cash in hand	$
Advertising	$	Other sponsorship/grants (please specify)	$
Materials	$	Intended fundraising (provide an estimate)	$
	$	Charge to participants	$
	$	Expenditure to date	$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
A - Total costs:	**$**	**B - Total funds available/expected:**	**$**

Difference between total costs (A) and total funds (B):
Amount requested from Youth Council:
Please attach any other additional information to support your application (if relevant) e.g. letters of support.
How did you find out about the Youth Development Fund? e.g. Youth Councillor, newspaper, newsletter, word of mouth, etc

Bank Account Number: (Please provide a bank deposit slip)	
Name on bank account:	

Name:			
Signature:		**Date:**	

Please return this form:
Clutha District Youth Council, c/- 1 Rosebank Terrace, PO Box 25, BALCLUTHA 9240
or email to: help.desk@cluthadc.govt.nz
APPLICATIONS CLOSE FRIDAY 31 May 2019