## Application form for Biodiversity Funding



Applicant's Name:			
Address:			
Telephone No:			
Mobile:			
Email:			
Describe the project/activity (use extra pages if necessary):			
Describe how the project/activity contributes to the maintenance and enhancement of biodiversity values in the district (use extra pages if necessary):			

Clutha District Council, 1 Rosebank Terrace, PO Box 25, Balclutha 9240 P: 03 419 0200; F: 03 418 3185; E: <u>help.desk@cluthadc.govt.nz</u> www.cluthadc.govt.nz

Total cost of	the project/activity:		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Total cost		\$	
Contributions	if any by applicant or other organi	institut.	
Contributions	s, if any, by applicant or other organis	\$	
		\$	
		\$	
		\$	
		\$	
<ul> <li>Applications must be accompanied by:</li> <li>Site Plan.</li> <li>Photographs of the project area.</li> <li>Quotes for any proposed work.</li> <li>Assessment of the significant values of the site that has been undertaken.</li> <li>Any supporting material or information that may be useful in considering the application.</li> </ul>			
Please note that all applications will be considered in accordance with Council's Policy on Biodiversity Funding.			
Name:			
Signature:		Date:	