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| **Sport NZ Rural Travel Fund**  **Application Form 2024** | **Clutha District Council** |  |

Application No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Office Use Only)*

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| **A. Details** | | | | | | | | |
|  | | | | | | | | |
| Name of Organization |  | | | | | | | |
|  | | |  | | | | | |
| Contact Person: |  | | | | | | | |
|  | | |  | | | | | |
| Postal Address: |  | | | | | | | |
|  | | |  | | | | | |
| PO Box Address: |  | | | | | | | |
|  | | |  | | | | | |
| Phone: |  | | | Email: |  | | | |
| Bank Account Number  (Please attach a deposit slip) | | |  |  |  | | --- | --- | --- | |  |  |  | | | | | | | |
| **B. Contact Names** | | | | | | | | |
|  | | | | | | | | |
| Name: |  | | | | | Phone: |  | |
|  | | |  | | | | | |
| Name: |  | | | | | Phone: |  | |
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| **C. Organisation Details** | | | | | | | | |
|  | | |  | | | | | |
| 1. How many members belong to your club/organization? | | | | | |  | | |
|  | | |  | | | | | |
| 2. Are you a club or a school? | | | | | | **YES / NO** | |  |
|  | | |  | | | | | |
| 3. Will the travel subsidy benefit participants aged between 5-19? | | | | | | **YES / NO** | |  |
|  | | |  | | | | | |
| If so, how many participants? | | | | | |  | | |
|  | | |  | | | | | |
| 4. How many participants are aged between 5-12 years? | | | | | |  | | |
|  | | |  | | | | | |
| 5. How many participants are aged between 13-19 years? | | | | | |  | | |
|  | | |  | | | | | |
| 6. How many participants are male/female? | | | | | | **M:** | | **F:** |
| 7. How many participants have a disability? | | | | | |  | |  |
|  | | |  | | | | | |
| 8. What is the funding going to be used for? (Briefly explain) | | | | | | | | |
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| 8. What percentage of your members live in the vicinity of the local | | | | | |  | | |
| authority you are applying to for the rural travel fund? | | | | | | **%** | | |
|  | | | | | | | | |

**Please complete the following:**

|  |  |
| --- | --- |
| **Name of Sport:** |  |
| Number of participants: |  |
| Number of kilometers travelled each week: |  |
| Number of weeks of competition: |  |
|  |  |
| **Name of Sport:** |  |
| Number of participants: |  |
| Number of kilometers travelled each week: |  |
| Number of weeks of competition: |  |
|  |  |
| **Name of Sport:** |  |
| Number of participants: |  |
| Number of kilometers travelled each week: |  |
| Number of weeks of competition: |  |
|  |  |
| **Name of Sport:** |  |
| Number of participants: |  |
| Number of kilometers travelled each week: |  |
| Number of weeks of competition: |  |
|  |  |
| **Name of Sport:** |  |
| Number of participants: |  |
| Number of kilometers travelled each week: |  |
| Number of weeks of competition: |  |
|  |  |
| **Name of Sport:** |  |
| Number of participants: |  |
| Number of kilometers travelled each week: |  |
| Number of weeks of competition: |  |
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| **D. Financial Details** | | | | | | | | | | | | | |
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| 1. Are you registered for GST? | | | | | **YES / NO** | | | | |  | | | |
|  | | | | | | | | | | | | | |
| If yes, please write your GST number in the space provided: | | | | |  | |  |  |  |  |  |  |  |
| 2. Please indicate the amount you are applying for: | | | | | | | | | | | | | |
|  | | | | **$** | | (Sport NZ Funding) | | | | | | | |
|  | | |  | | | | | | | | | | |
|  | | | | **$** | | (Other funders) | | | | | | | |
|  | | |  | | | | | | | | | | |
|  | | | | **$** | | (Your contribution) | | | | | | | |
|  | | |  | | | | | | | | | | |
|  | | | | **$** | | **(TOTAL)** | | | | | | | |
|  | | |  | | | | | | | | | | |
| 3. Have you applied to any other organization for funding and if so what was the result? (briefly  explain in the table below): | | | | | | | | | | | | | |
| **Organisation (including other** | | **Amount requested ($)** | | | **Results date** | | | | | | | | |
| **territorial authority)** | |  | | | (if known) | | | | | | | | |
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| 4. Do you have the endorsement of your local affiliated club/school for this application for funding? (This is only relevant if the group applying is the regional body) | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | |
| **YES / NO** | Briefly explain and attach evidence of this: | | | | | | | | | | | | |
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| **E. Declaration** | | | | |
| We hereby declare that the information supplied on behalf of our organization is correct.  We consent to Clutha District Council collecting the personal contact details and information provided in this application, retaining and using these details and disclosing them to Sport NZ for the purpose of review of the rural travel fund. This consent is given in accordance with the Privacy Act 1993. | | | | |
| Name: |  | | | |
|  | |  | | |
| Position in organization: |  | | | |
|  | |  | | |
| Signature |  | | Date: |  |
|  | | | | |
| Name: |  | | | |
|  | |  | | |
| Position in organization: |  | | | |
|  | |  | | |
| Signature |  | | Date: |  |
|  | | | | |
|  | | | | |

**F. Privacy Statement**

Clutha District Council collects personal information from you, including your:

* Name (School/Club)
* Contact information
* Location
* Financial information, including bank details, billing or purchase information
* Ages of school/club, project details and your project’s budget.

We collect your personal information in order to assess applications and provide funding to Sport NZ Rural Travel Fund funding recipients.

This information is shared with the Sport NZ Rural Travel Fund Assessment Committee and relevant Clutha District Council staff.

We keep your information safe by storing it in an encrypted filing system and restricting access.

We’ll retain an electronic copy of your information for our records. We securely destroy it by erasing it from our protected filing system after three years from the date of the last information entry.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong.

If you’d like to ask for a copy of your information, or to have it corrected, please contact us at [help.desk@cluthadc.govt.nz](mailto:help.desk@cluthadc.govt.nz), 03 419 0251 or 1 Rosebank Terrace, Balclutha.

**Please attach the following:**

1. A balance sheet from your organisation (i.e. financial statement)
2. A bank deposit slip (in case your application is approved)
3. Evidence of your endorsement from your local affiliated club/school (if required)

**Checklist:**

1. Have you answered every question?
2. Have you attached the relevant documents with your application?
3. Send your application form with the relevant documents to:

##### Clutha District Council

**PO Box 25**

**Balclutha 9240**

**Or** [**help.desk@cluthadc.govt.nz**](mailto:help.desk@cluthadc.govt.nz)

**APPLICATIONS CLOSE 5.00pm Friday 24 November 2023**