



Ōpōtiki Kiwi Fruit Growers Community Fund Grant Application

*Eastern BOP Community Foundation - linking generous people who have money to give,
with the people, projects and charitable causes making a real difference in Eastern Bay of
Plenty communities.*

Please complete this form if you wish to apply for funding from the Ōpōtiki Kiwi Fruit Growers Community Fund, held by the Eastern Bay Community Foundation.

Applications should be sent to the

Ōpōtiki Kiwi Fruit Growers Community Fund Committee,

Eastern Bay Community Foundation

PO Box 435, Whakatāne, 3158.

Or email admin@easternbaycommunityfoundation.nz

Drop in a completed application into 15 George Street, Whakatāne

For assistance completing this form, please email or call the Foundation Office on (021) 336 226

Thank you for your interest in making a funding application from the Ōpōtiki Kiwi Fruit Growers Community Fund.

Funding will only be considered if the project or purpose is deemed to have direct benefit to the Ōpōtiki District and fit the current focus of the fund.

I am applying as an:

Organisation

Individual

SECTION A – CONTACT DETAILS	
Organisation Name:	<input type="checkbox"/> n/a (if applying as an individual)
Contact Name:	
Postal Address:	
Physical Address:	
Position in organisation:	<input type="checkbox"/> n/a (if applying as an individual)
Phone:	Daytime: Mobile:
Email Address:	
SECTION B - ORGANISATION DETAILS	
Geographic area(s) you serve:	<input type="checkbox"/> Whakatāne <input type="checkbox"/> Ōpōtiki <input type="checkbox"/> Kawerau <input type="checkbox"/> All of Eastern BOP <input type="checkbox"/> Other
Legal Status:	<input type="checkbox"/> Registered Charity CC Number <input type="checkbox"/> Incorporated Society <input type="checkbox"/> School <input type="checkbox"/> Other
GST Registration:	<input type="checkbox"/> Not registered <input type="checkbox"/> GST No
What is the main purpose of your organisation?	
SECTION C - GRANT DETAILS	
Project Title: (if applicable)	
Details of project / Purpose of Grant: (Please explain what the grant will be used for)	
Details of who will benefit and how they will benefit:	

Planned outcomes/goals of project:	
Date of event/project: (if applicable)	
Total cost of project: (attach details)	\$ (excluding GST if your organisation is GST registered)
Other sources of funding: (please specify amount & source, if applicable)	\$ \$
Amount requested:	\$ (excluding GST if your organisation is GST registered)
Please list and attach relevant information to support your application:	
If your application is successful, can EBCF use this project for publicity purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reasons:
Bank Account Number: (Please attach scanned evidence of bank account or deposit slip)	

SECTION D – APPLICANT SIGNATURES (two signatures are required if you are applying as an organisation)

Full Name:		Position:	
Signature:		Date:	

Full Name:		Position:	
Signature:		Date:	

Please note:

It is the policy of the Eastern Bay Community Foundation to provide media statements related to all grants from funds held. These are prepared by professionals associated with the Foundation.

Acceptance of grants / funds is reliant on the adherence to this policy by the recipients.

Full Name:		
Signature:		
Organisation:		
	I, the above-named representative / recipient of funds from the Eastern Bay Community Foundation, agree to abide by the media policy and will ensure the acknowledgement of the source of grant funds is included in all interactions with media: Print, Social, Visual & Auditory.	