| RESTORE tARANAKI Community environmental GRANTS  |
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| **Please download and save this form and submit to contact@wildfortaranaki.nz** |
| Applicant Information |
| **Please note the completed application will be accepted at up to 5pm Thursday 28 February 2019****Please submit completed application to** **contact@wildfortaranaki.nz** |
| Name of Applicant: |
|  Member Community Friend Guardian (Please circle) |
| Bank Account Number (Please attach verification):  |
| GST Number: |
| Postal address: |
|  |
| Phone: | Post Code: | Email: |
| Contact for Application: | Position: |
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| SUMMARY OF PROJECT(Please include a description of the project, type of ecosystem, threats, native species)Please attach any relevant information, i.e. plans, maps, photographs) |
| Project location: |
| Landowner (i.e. private, public etc.) |
| Description of project: |
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| Is the Project Area Legally Protected: Yes No |
| If Yes - Please advise how:  |
| Is the Project Area involved in a TRC, DOC or District Council Plan: Yes No |
| If Yes – Please advise on plan type and number: |
| Is there a Consent, Permit or Mitigation for the Project Area: Yes No |

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| Total project costs (EXCLUDING gst) |
| Native plants – list species type and quantity |
| Specify all planting costs – spot spray, planting, 1st release etc |
| Fencing – list type, distance |
| Pest plant control – list species, method of control and any other associated costs |
| Any other items. |
| Disclose all in-kind support i.e. volunteer labour |
| **Description of Expense:** | **Quantity** | **Unit Cost ($)** | **Total (excluding GST)** |
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| **PROJECT COSTS** |  |  |  |
| **GST** |  |  |  |
| **TOTAL PROJECT COSTS** |  |  |  |
| ***TOTAL FUNDING SOUGHT*** |  |  |  |
| **% OF PROJECT** |  |  |  |
| Signatures |
| I/We agree to the terms and conditions of the Restore Taranaki Community Environmental Grant. I/We agree that Wild for Taranaki will not be held liable for any false or misleading information supplied.I/We agree that if funds have been misappropriated, Wild for Taranaki has the right to request a full refund of any grant funding paid.I/We agree to provide any additional information to Wild for Taranaki to enable the application fund to be processed. |
| Full Name of Applicant:  |
| Signature of applicant: | Date: |