| 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**](mailto: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: |
|  | | |
| 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: | | |