



Rates Grants for Community Groups 2009/10 Application Form

A. APPLICANT DETAILS

1.	Name of Applicant (Organisation/group)			
	Day Phone		Fax	
	Mobile Phone		email	
2.	Postal Address			
3.	1st Contact Person			
	Day Phone		Fax	
	Mobile Phone		email	
4.	2nd Contact Person			
	Day Phone		Fax	
	Mobile Phone		email	
5.	Purpose of your organisation and its key activities: (Attach separate sheet if necessary)			

7. How many volunteers do you have?
8. How many paid staff do you have?
9. How much is your annual subscription/membership fee (if any)?
10. When did your organisation begin operating?
11. What is the legal status of your organisation?
12. How many members / clients do you have?
13. What percentage of these members / clients live within the Western Bay of Plenty District Council boundary?
(Does not include Tauranga/Mt Maunganui/Papamoa area)
14. What is your total annual rates account?

1st Letter of Support-Contact Name

Name			
Organisation			
Day Phone		Fax	

2nd Letter of Support-Contact Name

Name			
Organisation			
Day Phone		Fax	

B. DECLARATION

I/We confirm that all details contained in this application are true and correct and that I/we am/are authorised to make this declaration.
(the persons signing here should be the same contact persons in Questions 1 – 4 on the front page)

Contact Name
Signature
Position Held
Date

2nd Contact Name
Signature
Position Held
Date

C. APPLICATIONS CLOSE 5 pm, Friday 27 November 2009

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