

TARANAKI ELECTRICITY TRUST

APPLICATION FOR GRANT

(from September 2007)

OfficeUse	
Area	
Cust No:	
Date:	
Appl No:	
Amount:	

1. Name of Applicant or organisation:	
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2. Postal Address:	

3. (a) Street Address:	

(b) Project Address: (if different from above)	

4. Contact Person:	
Name:	
Address:	
Phone No. Daytime:	
Nighttime:	
Position held in organisation	

5. (a) Is the applicant a Charitable Trust? (If yes, attach copy of Trust Deed)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

(b) If the applicant is a club or organisation, is it a legally constituted society or trust?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please specify & attach evidence:	

9. How do you intend financing this project:	
	\$
Taranaki Electricity Trust Grant	
Fundraising	
Loans/Mortgages	
\$ Already spent	
\$ set aside for this project	
Donations	
Voluntary Effort	
Other	
Other	
Total	

10. Duration of Project:	
Start Date / /	Finish Date / /

11. Are you applying to other organisations for funding assistance for this project? (If yes, please list these organisations).			
Yes	No	If yes, please list these organisations	
Name	\$ Requested	\$ Amount Granted	

12. Under which category does the application fall?	
Relief of Poverty	
Advancement of Education	
Advancement of Religion	
Other purposes beneficial to the Community	

