**THIS IS THE FUNDING APPLICATION FORM**

This form is for applicants requesting a grant from the **Sanford 10 cents a Salmon** **Fund** for projects on Stewart Island and Bluff.

Before you start to fill in this form, please read the ‘*Guide for applicants*’ and the ‘*Eligibility Criteria’* documents carefully as they contain important information on eligibility requirements and details of how your application will be assessed.

* You are welcome to provide additional supporting documents as part of your application such as references and photographs
* Please attach a work plan and budget, use the form we provide on the website
* Don’t forget to provide your bank account details
* The completed, signed copy of this application form and any supporting information you wish to add should be submitted by email to salmongrant@sanford.co.nz
* Applications open on 01 February and will close at 5pm on the 31 March**.**

**This year, as part of the application process two people from the Decision-Making Committee may visit you to, we will be in touch to find a suitable time.**

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| **Project**  | **PART A – YOUR PROJECT** |
| **Project Title**  |  |
| **Project Summary**You are welcome to attach supportinginformation  |  |
| Describe how wellbeing is promoted  |  |
| How much money are you requesting?  |  |
| Is the project for the people ofRakiura Stewart Island or Bluff |  |

|  |  |
| --- | --- |
| **Contact details** | **PART 2 – YOUR CONTACT DETAILS**  |
| Tell us your name |  |
| If you are a group applying for funding, what is the name of your group |  |
| What is your postal address |  |
| Do you have a website or Facebook page (if yes please provide details) |  |
| What is your email address |  |
| Please provide your bank accountdetails (name of Bank, Branch and Account number |  |

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| **Project**  | **PART C – PROJECT COSTS AND BUDGET**  |
| What is the total cost of your project |  |
| What are you going to use the grant money for |  |
| Who and how many people or families will benefit from your project? |  |

**PART D BUDGET AND REPORTING**

Attach the work plan and budget using the form we provided. Providing us this information will help us understand your project. Feel free to use additional paper.

**PLEASE SIGN THIS DECLARATION**

I am an authorised representative of the individual or group applying for the grant, and described in Section A of this application form:

* I declare that, to the best of my knowledge, the information contained in all sections of this application form is complete, true and correct.
* I declare that I have the authority to sign this application form and to provide this information.
* I declare that this application is not being made by a legal entity that is in receivership, or liquidation, or undischarged bankrupt.
* I declare that any people connected to this application with criminal convictions have made these known to the Funding Decision Making Committee
* I understand that any information presented to Sanford Limited as part of this application and any photos or reports that are provided in reports may be subject to disclosure as part of our Integrated Reporting and community liaison work.
* I understand that a Health and Safety Plan must be in place before a Deed of Grant will be signed.
* I understand that if the application is approved, the project cannot commence until a Deed of Grant is signed by the grantee (you) and countersigned by Sanford Chief Financial Officer. Note we cannot reimburse any costs incurred before a Deed of Grant is signed by both parties.
* I agree to comply with any auditing requirements as advised by Sanford from time to time.

Name: Date:

Your signature: