

# SANFORD 10 CENTS A SALMON FUND

## FUNDING APPLICATION FOR ALL PROJECTS

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

Please read the *'Guide for applicants'* and the *'Eligibility Criteria'* documents carefully before completing this form as it contains 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, photographs or project plans.
- Please **do not** include hyperlinks or images within the application form.
- Attach a work plan and budget, using the provided form on the website
- Please 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](mailto:salmongrant@sanford.co.nz)
- Applications open on 01 February and will close at 5pm on the 31 March of each year.

### Project

### PART A – YOUR PROJECT

Project Title

Project Summary

You are welcome to attach supporting information

Describe how wellbeing is promoted

How much money are you requesting?

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How many years  
of funding are you looking for

Is the project for the people of  
Stewart Island or Bluff


## Contact details

## PART 2 – CONTACT DETAILS

What is your name

What is the name of the  
Group applying for  
Funding (if you have one)

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 account  
Details (name of Bank, Branch and  
Account number)




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## DECLARATION

As a duly authorised representative of the organisation as per 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 in support of our application 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 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:

Signature: