



TE KAUNIHERA Ā ROHE O  
**WHAKAAHURANGI**  
**STRATFORD**  
DISTRICT COUNCIL



**SPORT**  
**NEW ZEALAND**

## **SPORT NZ RURAL TRAVEL FUND APPLICATION**

### **APPLICATION FORM 2024**

#### **A. Details**

Name of organisation: \_\_\_\_\_

Contact person: \_\_\_\_\_

Postal address: \_\_\_\_\_

PO Box address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **B. Contact Names**

**Please provide**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

#### **C. Organisation Details**

Are you a club or a school?

1. How many members belong to your club/school? \_\_\_\_\_

2. How many participants aged between 5 & 18 will this travel subsidy benefit?  
\_\_\_\_\_

3. How many participants are aged between 5 & 11? \_\_\_\_\_

4. How many participants are aged between 12-18 years? \_\_\_\_\_

5. Please detail how many applicants are female \_\_\_\_\_
  6. Please detail how many applicants are male \_\_\_\_\_
  7. Does your application involve a partnership with a local school? YES/ NO
  8. What is this funding going to be used for? (briefly explain)
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9. Do you have any disabled individuals who are being supported by this fund? a. If yes, how many will receive support from the RTF \_\_\_\_\_
10. What percentage of your members live in the vicinity of the local authority you are applying to for the rural travel fund? \_\_\_\_\_%

**D. Financial Details**

1. Are you registered for GST? YES / NO

(If yes please write your GST Number in the space provided below)

GST NO.

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2. How much money are you applying for?
  - \$\_\_\_\_\_ Sport NZ funding
  - \$\_\_\_\_\_ other funders
  - \$\_\_\_\_\_ your contribution
  - \$\_\_\_\_\_ TOTAL

3. Have you applied to any other organisation for funding and if so what was the result (briefly explain) - refer to Table 1 below.

Table 1

Organisation - (including other councils, Trusts or Funders)	Amount requested (\$)	Results date (if known)

4. Do you have endorsement of your local affiliated club/school for this application for funding? (this is only relevant if the group applying is the regional body).  
YES/ NO (briefly explain and attach evidence of this)

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**E. Declaration**

**We hereby declare that the information supplied here on behalf of our organisation is correct?**

We consent to Stratford District Council collecting the personal contact details and information provided in this application, retaining and using these details and disclosing them to Sport NZ for the purpose of review of the rural travel fund. This consent is given in accordance with the Privacy Act 1993.

1. Name: \_\_\_\_\_

Position in organisation / title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name: \_\_\_\_\_

Position in organisation / title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach:**

1. A balance sheet from your organisation (i.e. financial statement).
2. A deposit slip (in case your application is approved).
3. Evidence of your endorsement from your local affiliated club/school (if required).

**Checklist:**

- Have you answered every question?
- Have you attached the relevant documents with your application?

Send your application form with the relevant documents to  
Carissa Reynolds, Stratford District Council, 63 Miranda Street, PO Box 320,  
Stratford 4332 or email [creynolds@stratford.govt.nz](mailto:creynolds@stratford.govt.nz). Applications must be received  
by **4.30pm on Friday 25 October 2024**. No late applications will be accepted.