

WIRI TRUST

WIRI LICENSING TRUST
P O Box 98-833
Manukau City 2241
Telephone (09) 950 3701
Facsimile (09) 268 2022
Email: info@wiritrust.org.nz

GRANT REQUEST FORM

GROUP S NAME:

GROUP S POSTAL ADDRESS:

CONTACT PERSON S NAME:

CONTACT PHONE NUMBER:

EMAIL ADDRESS:

MAIN ACTIVITY OF THE GROUP:

PROJECT / PROGRAMME FOR WHICH THE GRANT IS REQUESTED:

Please include a covering letter explaining the number of expected attendees, ethnicities, the expected outcomes of the project/programme etc.

HOW MUCH WILL THE PROJECT COST \$

AMOUNT BEING REQUESTED \$

AMOUNT THE GROUP HAS NOW \$

DATE THE GRANT IS REQUIRED BY:

WHO WILL BENEFIT FROM THE PROJECT?

WHERE DO THESE PEOPLE LIVE?

IS THE GROUP PREPARED TO PUBLICALLY ACKNOWLEDGE
THE SUPPORT OF THE WIRI LICENSING TRUST?

"YES"

"NO"

IS THE GROUP GST REGISTERED?

"YES"

"NO"

GST NUMBER IS:

OFFICE USE ONLY:

DATE RECEIVED:

DATE TO BOARD:

BOARD DECISION:

DATE OF PAYMENT: