

Application No. _____
(office use only)

1 Tell us about yourself

Name _____

Name of organisation _____

Postal address _____

Street address _____

Telephone No _____ Fax: _____

Email _____

1.2 Is your organisation a Legally Constituted Trust, Incorporated Society or Limited Liability Company?
Please provide a copy of your Certificate of Incorporation

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

1.3 Are you registered for GST?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

1.4 If yes, write your GST number here

	<input type="checkbox"/>						
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1.5 Please attach a bank generated deposit slip to the back of this application form.

1.6 Please name up to two referees for you and your project

- Name _____ Phone (day) _____ (fax) _____
- Name _____ Phone (day) _____ (fax) _____

Please specify the amount of funds being requested \$ _____

Please tell us how these funds will contribute to the success of your project

2 Tell us about your Project

2.1 What type of business/activity are you investigating?

2.2 Who will be your target market?

2.3 Where do you anticipate your business/activity will be situated?

2.4 What type of skills will be required to run your business/activity?

Skills required	Number of Employees

2.5 What are the factors you consider will make your business/activity a success?

2.6 What are the key factors you wish to test with your feasibility study?

2.7 Who will be involved in preparing the Feasibility Study?

2.8 What will be the benefits of your business/activity to the Kawerau District?

2.9 When will your feasibility study be completed?

3 Financial Background

- 3.1 If you are an existing group or organisation, provide details from your last set of annual accounts
- 3.2 If you are an individual, please provide personal references

4 Declaration

4.1 We/I declare that the information supplied here is correct.

If the application is successful, We/I agree to:

- a) Acknowledge the offer of a Grant for our project and expend this funding exclusively for the purpose for which it was applied for.
- b) Return the Accountability Form (which will be sent to me in due course by the Kawerau District Council) within two (2) months of the project's completion.
- c) Undertake to repay to the Kawerau District Council any, or all of the, Grant provided should, for any reason, the project not be undertaken as proposed or the funds approved not be required for the completion of the project. Repayment will accompany the Accountability Form.
- d) Participate in any funding audit of the project which may be conducted by the Kawerau District Council.

We/I consent to the Kawerau District Council collecting the personal contact details provided above and retaining and using these details for the purpose of review of the Development Feasibility Fund. We/I acknowledge our right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

Name: _____

Signature: _____

Position: _____

Date: _____

Need Help?

If you would like some help to fill out this application form, please contact the Economic Development Officer, Kawerau District Council, ph (07)306 9009.

Please return your application to
The Economic Development Officer
Kawerau District Council
Private Bag 1004
KAWERAU 3169

Ph: (07) 306 9009

Fax: (07) 323 8072