

REQUEST FOR FUNDING APPLICATION FORM

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| --- |
| **Name of applicant/organisation** |
| [enter details] |
| **Key contact person and details** |
| [enter details including ph #, email address, mailing address] |
| **Purpose of application** |
| [enter details] |
| **Background of programme/product/service** |
| [enter details] |
| **Development of programme/product/service** |
| [enter details] |
| **Potential use of programme/product/service** |
| [enter details] |
| **Utilisation of funds** |
| [enter details] |
| **Total amount requested** |
| [enter details] |
| **How will you report on progress/outcome?** |
| [enter details] |
| **How will the health and wellbeing of New Zealand Communities benefit from this programme/product/ service?** |
| [enter details] |
| **Have you sought funding from any other organisation?** |
| [enter details] |
| **Are you aware of any conflict of interest?** |
| [enter details] |
| **Are you aware of any ethical issues pertaining to this application?** |
| [enter details] |

Signature Date

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