

IMPORTANT

- You must use this form to complete your application.
- You must complete ALL questions on the Application Form. Incomplete applications may be declined.
- Need more help? If you have any questions about the application, email: admin@nkcddt.org.nz

PART A - Details of Applicant

Applicant Name:

Postal Address: Postcode:

Physical Address:

Contact Phone: Mobile:

Email: Website:

Have you undertaken business mentoring prior to making this application?

Yes ☐ No ☐

PART B - Tell Us About Your Business

• What sector are you involved in? What services/products does your business currently provide?

• How many years has your business been operating?

• What are your business objectives or goals?

• At present, how many people work for your business (Full Time Employees)?

• Tell us about the person who will be managing the project/ initiative. What skills and relevant experience do they have?

PART C - Contact Details

Please provide the details of two contacts who are authorised to make a declaration on behalf of your application.

Name:

Postal Address: Postcode:

Contact Phone (daytime): Email:

Name:

Postal Address: Postcode:

Contact Phone (daytime): Email:

PART D - Referee Details

Please provide the details of two referees.

Name:

Postal Address: Postcode:

Contact Phone (daytime): Email:

Name:

Postal Address: Postcode:

Contact Phone (daytime): Email:

PART E - About Your Initiative

Describe the initiative that you are seeking funding for:

PART F - Funding Criteria

Please describe how your initiative contributes to achieving the following funding criteria:

- Promote economic development within the North King Country.

- Support the establishment of new jobs within the North King Country.

- Increase business activity within the North King Country.

- Promotion of the North King Country as an attractive place to live and do business.

- Other Benefits

PART G - Feasibility - Why should this initiative be funded?

Please attach a detailed business plan and include any research or investigation that you have undertaken to establish the feasibility of this project.

PART H - Budget (Please attach a copy of all quotes with your application)

Proposed Expenditure	Amount \$	Comment	Quote
Total Cost of Initiative:			

PART I - Funding from other Parties

Have you, or do you intend to, apply for funding from any other party for this initiative (please tick)?

Yes ☐

No ☐

- If yes, please provide the details below:

What would happen to the project if you do not receive the funding requested?

PART J - Previous Funding

Have you received any financial assistance from the North King Country Development Trust previously (please tick)?

Yes ☐

No ☐

- If yes, please provide details below:

PART K - Future Development of Initiative

If you are unsuccessful in receiving the full amount of funding applied for, how do you intend to meet any shortfall in funding? How do you intend to progress with the initiative?

PART L - Financial Accounts

Please add any further information you wish to provide.

PART M - Additional Information

Please provide a copy of your businesses last financial accounts, or in the absence of these please detail income and expenditure for the last 12 months.

If neither of these are available, please provide a statement as to why it is not possible to provide this information and attach a copy of your businesses latest banks statement/s.

PART N - Other

Is there any additional information you wish to provide to support this application?

Yes ☐ No ☐

If yes, please provide details below:

PART O - Awareness of the North King Country Development Trust

How did you find out about the Trust? You may tick as many as are appropriate.

- | | |
|--|---|
| <input type="checkbox"/> Newspaper advertising | <input type="checkbox"/> Other website |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Other (Please stipulate) |
| <input type="checkbox"/> NKCDT website | |

PART P - Declaration and Consent

In making this funding application I/ we declare that:

- I/we are authorized to do so and to the best of my /our knowledge, the information contained herein is true and correct.
- Any funding received will be used for the initiative for which it was approved.
- If this application is successful, we agree to supply an accountability report to the North King Country Development Trust.
- I/we consent to the North King Country Development Trust collecting, retaining and using any of the contact details included in this application.
- I/we have read the North King Country Development Trust funding policy to establish that the initiative presented fits within the funding scope of the Trust.
- I/we agree to repay the North King Country Development Trust all funding that not used for the purposes outlined in this application.

Name: Signature:

Date: Position:

Name: Signature:

Date: Position:

PART Q - Checklist

Please read and complete the following before submitting your application. Incomplete applications will not be accepted.

- | | |
|--|--|
| <input type="checkbox"/> Completed all sections of the form. | <input type="checkbox"/> Attached referee details. |
| <input type="checkbox"/> Checked all figures in the application. | <input type="checkbox"/> Attached a bank deposit slip (if your application is successful, and on agreement of terms, a payment will be made via direct credit to your nominated bank account). |
| <input type="checkbox"/> Attached copies of financial reports/bank statements. | |
| <input type="checkbox"/> Attached detailed business plan. | |