

## **Travel Subsidy Grant**

## **Application form**

What is the name of your organisation?		
What is your legal status (for example, charitable trust or incorporated society)?		
Briefly, what are you applying for?		
How much are you applying for? The maximum grant is \$500, including GST.		
How will this grant help your organisation?		
<b>Tell us about your organisation.</b> Include simple details such as opening hours, the number of paid and voluntary staff, and their roles.		
Contact person regarding this application		
Name		
Position		

Phone (day	time) (evening)
Address	
Email	
Checklist	
The followin	g information must accompany this application:
1 (	Copies of quotes or receipts from provider (screenshot from airline
	osite, e-ticket, accommodation confirmation, etc)
GST status	
Is your orga	nisation registered for GST?
If yes, what	is your GST number?
Bank accor	unt details. For payment of grant, if approved.
Account nar	
Account nur	
Declaration	1
1.	I am authorised to apply for this grant.
2.	To the best of my knowledge, the information contained herein is true and correct.
3.	All funds received will be used only for the purpose for which they were approved.
4.	All funds received but ultimately unspent will be returned to NSTP.
5.	I acknowledge that organisational and personal information collected in this application will be held by NSTP for the purposes of assessing the application and publicising approved applications.
For and on	behalf of your organisation
Full name o	f organisation
Chairperso	n / Director / Manager
Signature	Full name
Date	

## Please email your application to:

NSTPGrants@tepapa.govt.nz

**Please don't email your application to a particular staff member.** (In the absence of the named staff member, your application would be delayed.)