



WELCOMING ACTIVITIES GRANT

APPLICATION FORM

Applicant Deta	iils
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Name of group/organisation	
Name of contact person	
Email address	
Phone details	
Welcoming Activity Details	
Name of activity	
Summary of activity, including: How the grant will enhance newcomer experiences in Whanganui.	
No more than 150 words.	
Which outcome(s) does the activity align to? See 'useful links' for more information on the outcomes.	Inclusive
Funding amount requested (\$)	





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Brief explanation as to what the funding will be used for	
Activity start date	
Activity end date	
Attach any files which support your application (optional)	
Name	
Signature	

Declaration / Consent

Under the Privacy Act 1993 I hereby declare that, to the best of my knowledge and belief, the information supplied here on behalf of my organisation is correct, and consent to Whanganui District Council collecting the personal details provided and retaining and using these details. I undertake that I have obtained the consent of the other persons to provide these details. I acknowledge my right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

Yes No

Send completed form to

A: Community Wellbeing Team, Whanganui District Council, 101 Guyton Street

E: communitywellbeing@whanganui.govt.nz

P: 06 349 0001

Useful Links

Whanganui Welcoming Plan

Welcoming Communities Standard for NZ