



## Application Form

National WellChild/Tamariki Ora Week 2007

# "Time - your most precious gift"

National WellChild/Tamariki Ora  
Coordinator  
IMAC  
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Greenlane Auckland  
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Website: [www.wellchild.org.nz](http://www.wellchild.org.nz)

Grant application due date 09 February 2007

Name of Coalition: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address - Postal/Physical: \_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ GST \_\_\_\_\_

Project Start date \_\_\_\_\_ Finish date \_\_\_\_\_

Venue: \_\_\_\_\_

### Summary of Project

What are you actually planning to do in relation to "WellChild/Tamariki Ora Checks" (50 words maximum - describe in "child-centred" terms)

How are you actually planning your Project with reference to "Time - your most precious gift"

**How will you spend the money?**

(Give costs without GST)

Mini grant  
(\$500 max.)

Personnel (hrs @ \$/hr)

Supplies (list)

Travel (list)

Media (list)

Contractors (list)

Other (list)

Total Project Cost (GST excl.)

_____	_____	_____
=====	=====	=====

**Who is the Coalition Contact?**

(Person with primary responsibility for project activities & budget)

**Members of the Coalition**

Name: \_\_\_\_\_

\_\_\_\_\_

Organisation: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Have you received a WellChild Week Grant before? Yes/No If yes which year-2003/4/5/6?

*Send this Application form to: National WellChild/Tamariki Ora Week Coordinator,  
P.O. Box 17360 Greenlane, Auckland*

***For further information: Phone Marguerite Dalton (09) 3737-599 Extn 84666***