

WellChild



MiniGrant Application Form

Due 03 December 2007

National WellChild/Tamariki Ora
Week 03 - 09 March, 2008

National WellChild/Tamariki Ora
Coordinator
IMAC PO Box 17360
Greenlane Auckland, 1072
Phone: 09 3737 599 ext 84666
Mob: 0274 824 729
Fax: 09 373 7030
Email: m.dalton@auckland.ac.nz
Website: www.wellchild.org.nz

"New Experiences"

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 New Experiences"
(50 words maximum - describe in "child-centred" terms)

How are you actually planning your Project with reference to "New Experiences"

How will you spend the money? (in particular, please detail your Media plan because of the increased funds available this year which we would like for local Media use)

(Give costs without GST)

Mini grant (\$750.00 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 ?

*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