



Application Form

National WellChild/Tamariki Ora Week 2006

National WellChild/Tamariki Ora Coordinator
IMAC PO Box 17360 Greenlane Auckland
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Email: m.dalton@auckland.ac.nz
Website: www.wellchild.org.nz

"Have you been checked?"

Grant application due date 3rd March 2006

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 "WellChild /Tamariki Ora checks "?

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-2002/3/4/5?

*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