



**THE PETER MALONE  
COMMUNITY GRANTS SCHEME GROUP APPLICATION FORM - 2026**

Please refer to the Grant Criteria at [www.networktasman.co.nz/grants-scheme](http://www.networktasman.co.nz/grants-scheme) for procedures and eligibility

OFFICE USE ONLY	G	AREA	TYPE	CLASS	APPN NO.
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**GENERAL DETAILS**

1. FULL NAME OF ORGANISATION APPLYING:

2. TRADING NAME OR OTHER NAME (IF APPLICABLE):

3. POSTAL ADDRESS:

4. STREET ADDRESS:

5a. NAME OF CONTACT PERSON:

5b. POSITION (e.g. Chairperson, Treasurer):

6. CONTACT DETAILS:

Work Ph ..... Home Ph ..... Mobile .....

Fax ..... Email .....

7a. LEGAL STATUS OF ORGANISATION (e.g. Incorporated Society, Charitable Trust)

7b. CHARITY OR REGISTRATION NUMBER:

8. MAIN ACTIVITY OF ORGANISATION (e.g. Sport, Social Services, Environment):

9. VISION OR MISSION OF YOUR ORGANISATION:

10. DISTRICT OR AREA SERVED BY YOUR ORGANISATION:

11. WHAT PERCENTAGE OF YOUR MEMBERS/USERS ARE CONNECTED TO THE TASMAN NETWORK DISTRIBUTION AREA OF THE COMPANY?

12. KEY CONTACTS:	Name	Phone	Email
Manager:	.....	.....	.....
President/Chairperson:	.....	.....	.....
Secretary:	.....	.....	.....
Treasurer:	.....	.....	.....

13. WHAT AMOUNT ARE YOU APPLYING FOR? (This must agree with question 18 on page 2):

\$ .....





**24. PAYMENT OF FUNDS**

PLEASE ATTACH A DEPOSIT SLIP SO FUNDS CAN BE DIRECT CREDITED INTO YOUR BANK ACCOUNT (IF YOUR APPLICATION IS SUCCESSFUL).

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**25. DECLARATION (to be signed by two members of your organisation)**

We hereby declare that the information supplied here on behalf of our organisation is correct and that we agree to abide by the rules and criteria of the Network Tasman Charitable Trust Community Grants Scheme. We are authorised by our organisation to make this application. We acknowledge that we are personally liable for any loss to Network Tasman Charitable Trust arising from any false information supplied in support of this application.

We will complete all required accountability requirements of Network Tasman Charitable Trust and note that failure to complete said accountability requirements will result in ineligibility for any future funding until all outstanding accountability requirements have been met.

NAME: ..... POSITION: .....

SIGNATURE: ..... DATE: .....

NAME: ..... POSITION: .....

SIGNATURE: ..... DATE: .....

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**26. CONSENT UNDER PRIVACY ACT 1993**

I, ....., hereby consent to the Network Tasman Charitable Trust collecting the details provided above, and retaining and using these details. I undertake that I have obtained the consent of the other contact person 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.

NAME: ..... POSITION: .....

SIGNATURE: ..... DATE: .....

**Applications close 5pm Friday 28 August 2026**

**Please note: Final decision made at the Trust meeting 16 October 2026**

**SEND APPLICATION TO:**

Alicia Chapman  
Network Tasman Charitable Trust  
P O Box 3164, Richmond, 7050

Ph: 0800 82 78 78

Email: [admin@networktasmantrust.org.nz](mailto:admin@networktasmantrust.org.nz)