



THE PETER MALONE
COMMUNITY GRANTS SCHEME INDIVIDUAL APPLICATION FORM - 2026

Please refer to the Grant Criteria at www.networktasman.co.nz/grants-scheme for procedures and eligibility. This form is for individuals only. An organisation requesting funds must use the Group Application Form.

Table with 5 columns: OFFICE USE ONLY, AREA, TYPE, CLASS, APPN NO.

GENERAL DETAILS

- 1. FULL NAME OF PERSON FOR WHOM GRANT IS REQUIRED:
2. FULL NAME OF PERSON MAKING APPLICATION: (If the beneficiary is under 18 years of age, the application must be completed by an adult)
3. RELATIONSHIP OF APPLICANT TO BENEFICIARY (e.g. Parent, Guardian):
4. POSTAL ADDRESS:
5. STREET ADDRESS (If different to postal address):
6. CONTACT DETAILS: Work Ph, Home Ph, Mobile, Fax, Email
7. ARE YOU (BENEFICIARY) A MEMBER OF A HOUSEHOLD CONNECTED TO THE TASMAN NETWORK DISTRIBUTION AREA OF THE COMPANY? YES / NO
8. WHAT WILL THIS GRANT BE USED FOR:
9. WHAT BENEFITS WOULD YOU PERCEIVE FROM RECEIVING A GRANT?



**16. HAVE YOU RECEIVED ANY FUNDS FROM NETWORK TASMAN CHARITABLE TRUST OVER THE LAST THREE YEARS?**

YES / NO

If YES, please provide the following details:

PURPOSE	AMOUNT \$	YEAR
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.....		
.....		

**17. IF YOUR APPLICATION IS SUCCESSFUL, HOW DO YOU PLAN TO ACKNOWLEDGE (ADVERTISE/PROMOTE) NETWORK TASMAN CHARITABLE TRUST AS PROVIDER OF THE GRANT? (e.g. FB, logo on t-shirt).**

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**18. WHAT OTHER INFORMATION WOULD YOU LIKE TO ADD TO SUPPORT THIS APPLICATION (You may attach additional pages or supporting information. (if your application relates to a travelling sports or other team/group, please include evidence of selection and costs)**

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**19. NAMES OF TWO REFEREES THAT WE CAN CONTACT:**

NAME: ..... RELATIONSHIP: .....

EMAIL: ..... PHONE: .....

NAME: ..... RELATIONSHIP: .....

EMAIL: ..... PHONE: .....

**20. PAYMENT OF FUNDS**

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

**21. DECLARATION AND CONSENT UNDER PRIVACY ACT 1993:**

I hereby declare that the information supplied here is correct and I agree to abide by the Rules and Criteria of the Network Charitable Trust Community Grants Scheme.

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.

BENEFICIARY: .....

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

*If beneficiary is under 18, the form must also be signed by a parent or legal guardian:*

APPLICANT: ..... RELATIONSHIP: .....

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