

Horizons Regional Council The Pat Kelly Enviroschools Action Fund Application Form 2020-21

Applicant Details
Contact name of applicant:
Name of school/ECE:
Contact phone number/s:
Email address:
Postal Address:
Physical Address:
District: ☐ Ruapehu ☐ Whanganui ☐ Rangitīkei ☐ Tararua ☐ Manawatū ☐ Horowhenua ☐ Palmerston North
Application Details
Name of project:



What are the objectives of project?	the				
How does the project link Enviroschools kaupapa? Eg. Guiding Principles, one of the Theme Areas etc. Budget					
What is the total budget for the project?		\$			
What is the total amount (GST exclusive) that you are seeking from this application? Please note there is a limit of \$1,000 per application received.		\$			
What does this funding include?					
Activity	Description		Cost		
Please attached quotes if relevant					



Promotion and Evaluation	n
Are there opportunities for Horizons staff or councillors to take part in the project?	☐ Yes☐ No☐ If yes, please explain:
Are there opportunities to involve local media?	☐ Yes☐ No☐ If yes, please explain:
Is there any other information you believe is relevant to support your application? Payment Details	
☐ Direct Credit Details:	
Bank:	
Account Name:	

Account Number:



	e attach evidence of your bank unt details i.e. deposit slip.		Attached
Che	cklist		
	I have completed all sections of the all have attached evidence of bank according to the authorized that all have attached copies of quotes where of costs. I have attached evidence of landown and according to the authorized that are all according to the authorized that are all according to the	ount ere ap	details (if ticked via direct credit) oplicable to match the breakdown
	licant's Obligations	nd no	sknowledge on behalf of your
organis	application is successful you agree a sation or group, to the following:		
	I agree to invoice Horizons Regional May 2021	Cou	incil for the full amount by 31
	I agree to ensure that the sponsorsh services received as part of the spon activities specified in this application	sors	nip will be used solely for the
	If the project is being carried out on confirm that I have sought and recei to carry out planned activity		• • • • • • • • • • • • • • • • • • • •
	I agree to undertake a Health and Sa to whether one is required, I will cor discuss before any work is undertake	ntact	•
Name	Organisatio	on 	
Signatu	ure Date		

