



# Deaf Sports Federation of New Zealand (Inc.)

## Application for Funding

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Have you applied for other funding? Y / N (circle one)

Please list other organisations that you have applied to and total costs applied for and if they were successful:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for funding: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you included quotes? Y / N (circle one) If not, please explain why. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree to use the funding allocated for the purposes that I have stated and I will provide proof of payment. If there are funds left over, I will return it to Deaf Sports Federation of New Zealand.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_