**New Zealand’s Aluminium Smelter**

 **Sponsorships and Donations Programme**

 **Application Form**



Please ensure you have read the **‘NZAS sponsorships and donations programme guidelines’** before submitting this application form.

Email applications to andrea.carson@riotinto.com

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| **Organisation details** |
| Legal entity name of organisation |  |
| Organisation known as (if different from above) |  |
| Contact person |  | Contact phone (mobile number) and email address |  |
| Organisation postal address  |  |
| Briefly describe your organisation and the programmes or services provided |  |
| **Funding request information** |
| Name of your project / initiative / event |  |
| Provide a summary of your request.*Please include brief details of your funding request, its goal and how it will benefit the Southland community* |  |
| Project timeline (✓):*When will the project/activities be completed?* |  | > 3 months |  | > 6 months |  | > 12 months |

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| Estimate of how many people will benefit from the activities for which you are seeking funding? (✓) |
| 1-20 |  | 21-50 |  | 51-100 |  | 101-200 |  | 200+ |  |

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| **Budget information** |
| **Please outline the cost breakdown of your project / initiative / event***You must include quotes or other documentation to support your cost breakdown* |
| Item description | Item cost ($) | Amount requested ($) |
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| **Please detail any contributions from other donors / sources (financial and in-kind) to support your activities** |
| Company / organisation | Confirmed support ($ or in-kind details) |
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| NZAS financial contribution requested (**$5k max**) |  |
| **Additional information** |
| Is there any other information you would like to add to support your application? |
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| If your application is successful, outline how NZAS’ support will be recognised |
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| **Submission checklist (✓)** |
| I have read the sponsorships and donations guidelines |  |
| I have checked that my organisation is eligible for assistance |  |
| I have completed the application form and attached any other relevant additional information |  |

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| Date: |  |  | Applicant name: |  |
|  |  |  |  |  |
|  |  |  | Applicant signature: |  |
|  |  |  |  |  |
|  |  |  | Role in organisation: |  |
|  |  |  |  |  |
|  |  |  | Phone number: |  |
|  |  |  |  |  |
|  |  |  | Email address: |  |