



KEEPER OF THE ROCKS

Naked Possum Community Charitable Trust

Funding Health Care for the People of Golden Bay

Trust Application Form

Name of Organisation Applying:

Contact Person:

Phone:

Mobile:

Email:

Summary of Proposal including reasons why this application meets the objectives of NPCC Trust (attach other documentation as required):

Details of timing for completion of the Proposal if this funding is approved :

Funds sought from NPCCT: \$

If this Proposal also involves funding from other sources please list

Source:

Funding required:

Approved Y / N

Signature of Applicant:

Date:

Phone:

Email:

Address:

I/we wish to be consulted before any award to me/us is made public Y / N

www.nakedpossum.com