

The Tree Consultancy Company

PO Box 35-284

Browns Bay

Auckland, 0753

0508 Tree Co

sean@treeconsultancy.co.nz



The Tree Consultancy Company's Greening New Zealand Planting Scheme Grant Application Form

Section 1: Applicant Details

Project Name (if applicable):	
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Organisation applying for funding:	
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Name:	
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Address:	
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Tel:	
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Email:	
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Website:	
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Legal status (e.g. Registered Charity, Ltd. Company, etc)	
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Is your organisation GST registered? If yes, please provide registration number	
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Project Manager (This is the person responsible for delivering the project)	
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Name:	
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Job Title:	
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Tel:	
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Email:	
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Address (if not as above):	
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Section 2: Project Information

Please provide details of tree planting project (i.e. brief paragraph on your organisation, site description (if possible, please provide a map), planting ideas and desired outcome).

Section 3: Permissions

Please ensure that you have obtained the necessary consents required from landowners and relevant authorities.

Landowner's Details

Name:	
Address	
Tel:	
Email:	

If the landowner is not the applicant, do you have permission from the landowner? (Please provide a letter from the landowner confirming this).

For your application to be successful, we will require proof that you have obtained all the necessary permissions.

Section 4: Declaration

The declaration should be completed by an individual authorised by the applicants organisation.

I certify that the entries in this form and any other attachments enclosed are true, to the best of my knowledge.

I can also confirm that I am not aware of any reason why the project may not proceed or be delayed other than those reasons declared.

I agree to acknowledge The Tree Consultancy Company and Greening New Zealand in any publicity regarding this project and seek their agreement before any media events.

I understand that the Greening New Zealand Scheme is privately-run, based on goodwill, and is subject to demand against funds being available. The Tree Consultancy Company Limited shall not be liable for any damage or consequential costs that may occur during the implementation of this project.

Section 5: Authorised signatory of the applicant

Name:	
Job Title:	
Organisation:	
Signature:	
Date:	