Sport NZ Rural Travel Fund Application October 2026
Form Preview

Applicant Details

* indicates a required field

Applicants please note:

Before completing this application form, you should have read the programme criteria, guidelines and FAQ's on the Sport NZ webiste: Rural Travel Fund Guidelines and FAQ's

Incomplete applications and/or applications received after the closing date will not be considered.

If you have any questions in regards to these guidelines and or criteria, please email grants@tasman.govt.nz

Application Number

This field is read only.

Grant Programme Name

This field is read only.

Organisation's information

Name of the organisation *
Organisation Name

Are you a: *
- ○ Sports Club
- ○ School

Only Sports clubs or schools can apply

Please name the team/s this application is for e.g. Basketball Junior Boys

Must be no more than 250 characters.

Organisation Details

Organisation

Please enter your sports club's Incorporated Society Number (NZBN) below, if applicable (not schools).

Find your sports club's NZBN here: https://is-register.companiesoffice.govt.nz/

Applicant's Organisation NZBN (if applicable)

The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.

New Zealand Companies Register Information
NZBN
Entity Name
Registration Date
Entity Status
Entity Type
Registered Address
Office Address

Postal Address *
Address

Address Line 1, Suburb, Town/City, Postcode, and Country are required.

Bank Account Details

Organisation's Bank Account *
Account Name

Account Number

Must be a valid New Zealand bank account format.

Bank deposit slip or other official printed document showing bank account name and number
Attach a file:

All new applicants must provide bank confirmation details

Is your organisation GST registered? *
- ○ Yes
- ○ No

If you are GST registered, you must provide the GST number below.

If yes, please provide your GST number

Contact details

* indicates a required field

Contact Person *
First Name Last Name

This is the person we will contact if we have any queries about the application.

Position held (e.g. Sports Manager, Treasurer)

Phone number *

Must be a New Zealand phone number.

Email address *

Must be an email address.
example@example.com

Alternative contact person

Alternative Contact Person's name
First Name Last Name

Position held (.g. Sports Manager, Treasurer)

Alternative contact person's phone number

Must be a New Zealand phone number.

Alternative contact person's email

Must be an email address.

Project Details

* indicates a required field

Briefly explain what the funding is for, e.g. supporting *Organisation Name* club/ school team/s to attend local competitions *

What the funding is for, e.g. Supporting *Organisation Name* rugby club to attend local competitions

Start Date

Must be a date.

End Date

Must be a date.

How often is the competition?

○ Weekly ○ Fortnightly ○ Monthly

How many weeks does the competition run?

Please give approximate number of weeks, or which school terms of the year.

Who will this travel subsidy benefit?

How many children aged from 5-11 will use this grant? *

How many children aged from 12-18 will use this grant? *

How many of these are female? *

How many of these are male? *

Do you have any disabled children who are being supported by this fund??

○ Yes
○ No
○ Don't know yet

If yes, please state how many children with disabilities will be supported through this grant.

Must be a number.

How many of the club/team members live in the Tasman District?

Must be a number.

Travel purpose and destination

List the destinations and the sports competition the children will be competing in.

Notes:

This fund covers regular, local competitions held in Tasman, Nelson and Marlborough only.

This fund does NOT cover Regional or National competitions.

One per row. Add more rows if you want to list additional activities.

Outcomes

Please tell us about the outcomes you expect to result from your project.

What changes do you expect will occur as a result of your project? (e.g. increased access to competitive sporting opportunities). Please be brief.

Budget

* indicates a required field

Expenses

Please describe the expenses in the expenditure table below, e.g. van hire, petrol vouchers and number of vehicles travelling to each competition etc. Add more rows by clicking the plus button on the right.

Expense Item	Amount $

Budget Totals

Total Expenditure Amount

This number/amount is calculated.

Amount you are requesting from Sport NZ Rural Travel Fund?

Total Amount Requested *

Must be a dollar amount.
What is the total financial support you are requesting in this application?

Supporting Documents

Supporting Documents

Upload supporting documents here, e.g. quotes/invoices,supporting letters etc.
Attach a file:

Declaration and Feedback

* indicates a required field

If the application is successful we agree to:

☐ return the Sport NZ Rural Travel Fund Grants Acquittal form by the 31 May 2027. We understand that failure to do so may mean we will not be eligible for further funding.
☐ participate in any funding audit of our organisation or project conducted by or on behalf of Tasman District Council.

Privacy Statement

By submitting this form you consent to Tasman District Council collecting the personal contact details and information provided in this application, retaining and using these details and disclosing them to Sport NZ for the purpose of review of the rural travel fund. This consent is given in accordance with the Privacy Act 2020.

Council's Privacy Statement applies to the collection, use and disclosure of personal information. It is contained within our Website Terms of Use.

Read our Privacy Statement hereWebsite Terms of Use

Authorised Signatory *
First Name Last Name

I have the authority to submit this application on behalf of my organisation *
☐ Yes

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process.
○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application?

Must be a number.
Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.