



# BACKCOUNTRY TRUST

Supporting Aotearoa's Backcountry Heritage

## Application Form

### Instructions

- Download this pdf to your computer and open it in Acrobat Reader
- Type in the grey boxes and SAVE the form and return it to BCT as an email attachment
- Refer to the "Guidelines for Applicants" for this fund before completing this application.
- Applications must be emailed to: [grants@backcountrytrust.org.nz](mailto:grants@backcountrytrust.org.nz) before the advertised funding close off dates to be considered for that round of funding.

### Section A: Contact details

Full legal name of organisation or individual:	
Postal Address:	
Lead Person of Project:	
Email Address:	
Landline:	
Mobile:	
Website or Facebook page of group or club (if applicable):	

## Section B: Project Summary

Project Name:	
Project Location:	
Project Description:	
Recreational and/or historical benefit of project:	

## Section C: DOC Agreement and User Group Information

DOC Liaison Person:	
DOC Office:	
Email of DOC contact:	
DDI for DOC contact:	

**Do you have a written agreement with DOC covering this project?** (either an agreement of scope of works for the project or a management agreement)

- Yes, copy enclosed
- No
- If your project involves a hut, have you obtained the inspection report for the hut?

Comments:	
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### Project Status (select one)

- Planning Stage
- Ready to start
- Ongoing

### What will be the predominant user group for the hut, track or facility maintained?

Please specify:

- Hunters
- Trampers
- Cavers
- Climbers
- 4WD'ers
- Mountain Bikers
- Horse riders
- Kayakers
- Other.....

## Section D: Project Budget

What is the expected cost of the project? (incl. GST)	
How many volunteers do you estimate being involved?	
What is the expected cost of materials?  Are any contract services required? Please provide quotes from any contracted services.	
Helicopter transport costs (please provide quote with estimated flight time, machine type and cost per hour)?	
Other costs (including any tools required for work. See Trust guidelines for claiming any tool costs for track work and painting)?	
Is any funding being secured from other sources? Please identify other sources and their estimated contribution.	
If this is a mountain bike track project, how many kilometers of track will be maintained?	
If this is a hut restoration project, how many kilometers of track will be maintained associated with the hut?	

<b>TOTAL FUNDING APPLIED FOR:</b>	
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## Section E: Checklist and Declaration

- Confirmation letter that you have permission from the department as the land manager.
- If your project involves a hut, have you included a copy of the DOC inspection report?
- Copy of the agreed, standard DOC Health & Safety Plan for volunteers.
- At least one quotation for the materials or services.
- Photos, maps or concept plans, if available?

1. The applicant group has read and understood the guidelines;
2. The project is believed to be consistent with the eligibility requirements;
3. All information provided is up to date, true and correct;
4. The evaluation of applications has a subjective element and that the Backcountry Trust is the final decision-making authority;
5. Information about the application (incl. applicant name, project title, and a summary of the proposal) and any approved funding may be made publicly available by the Backcountry Trust;
6. If a project proposal is approved, any grant of money is subject to a contract being entered into between the applicant and the Backcountry Trust, including the requirement to acknowledge the Backcountry Trust as a source of funding in signage, publicity and publications;
7. It is a requirement that the applicant group report back on the success of the approved project;
8. Before any work can commence, the applicant group will need to a) have a written agreement with DOC that the work can be undertaken; b) undertake work to appropriate NZ or DOC standards; and c) ensure that health and safety is a priority, and work with the department to develop a Health & Safety plan that complies with the department's SOP for volunteers, taking all practical steps to meet health and safety requirements;
9. The signatory has the authority to commit the applicant to this application.

**Duly authorized agent. The signatory has the authority to commit the applicant to this application.**

Name:	
Position:	
Signature:	
Date:	

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