

**NF Funding Request Form**

Please complete the following template in order to apply for support from PNGOC. This application form is required to be submitted thirty (30) days prior to the actual event.

Please complete the checklist below, which are minimum requirements for receiving High Performance (HP) support from PNGOC. Please note that if you are unable to provide details for all of the following you will need to discuss this with PNGOC.

|  |  |
| --- | --- |
| Name of NF |  |
| Date of last AGM |  |
| Date of minutes of last AGM shared with PNGOC |  |
| Date financial reports were last sent to PNGOC |  |
| Date of last national championships or equivalent |  |
| Are these activities covered in your NF Plan |  |
| Do these activities contribute to your Games Outcome Goals? |  |
| Amount of funding currently/last received from PNGOC |  |

**Activities and support required.**

Please complete the following table, setting out the support that you require from PNGOC to deliver your HP objectives. The activities that you are seeking support for must be part of the associated HP plan that you have completed for PNGOC. In the final column, please make it clear how the NF will also support this activity. (The table can be expanded to cover as many activities as necessary).

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity (please provide full details)** | **Rationale for request** | **Type and amount of support required.** | **Contribution made by NF to this activity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**What are the Performance Goals for this Activity?**

**Required documents.**

The following documents are required to be submitted along with this application 30 days prior to start of the activity:

* Detailed Budget
* Schedule or Program for the activity (s) related to this application
* List of individuals involved
* Invoices / Quotes required for payment (Note: Where the cost is above K5, 000, three (3) invoices are required. Should it not be possible to provide three invoices, a suitable justification as to the circumstances should be provided).

|  |  |
| --- | --- |
| **Name of person completing form:** |  |
| **Signature:** |  |
| **Name of PNGOC staff** |  |
| **Signature** |  |
| **Date:** |  |

 *\* More information may be requested by PNGOC if deemed necessary*