

Light Bulb Moments Fund 2019/20

Waikura/Linwood-Central-Heathcote Community Board



The Light Bulb Moments Fund provides financial assistance to individuals, groups and organisations in the Waikura/Linwood-Central-Heathcote Community Board area who have an idea that can make a difference in their community.

Apply for a grant of up to \$250 to get your community event or project off the ground and bring some light to your community!

Applications for projects by individuals, groups and organisations will be considered.

How it works:

1. Complete the application form on the back of this flyer.
2. Send your application (with a bank deposit slip) to the address below, or drop in your application to the Linwood Service Centre, 1st Floor, Eastgate Mall.

You will be informed of the outcome to your application within two weeks.

3. Have fun at your event and take photographs of the event (before and after).
4. Send us photographs, all related receipts and a short report on how things went. We can help you with this if you would like.
5. You may also be invited to attend an event hosted by the Linwood-Central-Heathcote Community Board to celebrate Light Bulb Moments Fund projects.

For more information on how to apply please contact the Linwood-Central-Heathcote Community Governance Team on:

- Email: Linwood.Central.Heathcote@ccc.govt.nz or
- Call the Support Officer on (03) 941 5302

Light Bulb Moments Fund 2019/20
Christchurch City Council
Linwood Offices
PO Box 73052, Christchurch 8154

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Waikura/Linwood-Central-Heathcote Community Board

Application Form

(This application should be filled in by someone who is 18 years and over)

Your name:

Your address:

Name of individual/group/organisation:

Email address: Phone number:

Amount requested (up to \$250):.....

Please tell us about the project you are seeking financial support for:

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Where and when will the project take place?

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How many people will work with you on the project and who (for example neighbours, fellow students, colleagues)?

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What items will this money pay for:

.....

Name: Signed: Date:

Staff information

Date Received:

Funding Request Number: