

Application Form

Instructions

Please read carefully:

- Read this application form in full before you start filling it in. It is easier to complete an application if you have the information you need at your fingertips.
- Please see Section 1 of the Community Grant Policy to ensure you are eligible.
- All applications are to be submitted 15 clear working days prior to the Community Board meeting where the application will be considered. Deadlines dates are on Council's website www.fndc.govt.nz
- Incomplete, late, or non-complying applications will not be accepted.
- Applicants who have failed to complete a Project Report for previous funding granted within the last five years are not eligible for funding.
- if there's anything on this form you're not sure of, please contact the Governance team at DDI (09) 401 5231, freephone 0800 920 029, or governance@fndc.govt.nz - we're happy to
- Send your completed form to governance@fndc.govt.nz or to any Council service centre The following must be submitted along with this application form:

| ne rono | wing <u>must</u> be submitted along with this application form: |
|---------|--|
| | Quotes (or evidence of costs) for all items listed as total costs on pg 3 |
| | Most recent bank statements and (signed) annual financial statements |
| | Programme/event/project outline |
| | A health and safety plan |
| | Your organisation's business plan (if applicable) |
| | If your event is taking place on Council land or road/s, evidence of permission to do so |
| | Signed declarations on pgs 5-6 of this form |
| | |

| Organisation | The Wild Wild West Foundation Charitable | Trust | Number of Mer | mbers 5 |
|------------------|--|-----------------|---------------|---------|
| Postal Address | P O Box 29 Ahipara Post Code 0481 | | | |
| Physical Address | S 3 Tui Street Ahipara | | | |
| Contact Person | Lohnet Murray | Position | Secretary | |
| Phone Number | 084082532 | Mobile Number 0 | 273338645 | |
| mail Address | roblone69@gmail.com | | | |
| lease briefly de | scribe the purpose of the organisat | | | |



Application Form

Project Details Which Community Board is your organisation applying to (see map Schedule A)? Te Hiku Kaikohe-Hokianga Bay of Islands-Whangaroa Clearly describe the project or event: Name of Activity 2020 Herekino Trek 10/04/2020 to 14/04/2020 Date Tui Inn Puhata Road Herekino Location Time 10 am start Will there be a charge for the public to attend or participate in the project or event? Yes ☐ No If so, how much? | children free , Adults \$10.00 per day or \$50 for whole trek

Outline your activity and the services it will provide. Tell us:

- Who will benefit from the activity and how; and
- How it will broaden the range of activities and experiences available to the community.

This annual horse trek is organised for our youth in isolated low economic rural communities. These youth often own their own horses and enjoy horse riding so we provide them with activities/experiences in a safe environment in the wider Far North region. They learn to care about their horse (shoeing, trimming, cleaning etc) and about keeping themselves safe while working with and riding their horses. Our programme provides adtivities that teach our youth outdoor survival skills such as gathering kai (food eg. fishing pig hunting, and eeling) and cleaning, preparing and cooking their kai in a safe way. We also incorporate other confidence biulding games and activities. Through all of these activities we support the youth in their overall well-being, identity and their sense of belonging. We provide a safe environment for youth and help them build positive lifelong relationships and life skills. Our 4 day programme provides many opportunities for youth to learn tikanga maori and marae protocol, aswell as the history of significant cultural areas that we trek through. We stay on local marae and many of our volunteers are adults whom attended our programme for many years as youth themselves and continue to return to support the programme and our next generation of youth. We change our location annually throughout the hokianga region, providing an opportunity for our small rural isolated communities, youth and whanau to connect.



Application Form

Project Cost

Provide a detailed costs estimate for the activity. Funding requested may not exceed 50% of the total cost.

Total Cost - provide the total amount of the estimated quoted cost against the appropriate item.

Amount Requested - provide (against the item) the amount the Board is being requested to contribute.

Please Note:

- You need to provide quotes (or evidence of costs) for everything listed in the total costs column
- If your organisation is GST registered, all requested amounts must be GST exclusive.
- Do not enter cents round the values up or down to the nearest dollar
- Do not use the dollar sign (\$) just enter the dollar value
- If you are applying for operating costs of a programme, please attach a programme outline

| Expenditure | Total Cost | Amount Requested |
|--|------------|------------------|
| Rent/Venue Hire | 800 | 400 |
| Advertising/Promotion | | 400 |
| Facilitator/Professional Fees ² | | |
| Administration (incl. stationery/copying) | | |
| Equipment Hire hire horse floats | 400 | 200 |
| Equipment Purchase (describe) | | 200 |
| Utilities | | |
| Hardware (e.g. cement, timber, nails, paint) | | |
| Consumable materials (craft supplies, books) | | |
| Refreshments Groceries | 1000 | 500 |
| Travel/Mileage | | 300 |
| Volunteer Expenses Reimbursement | | |
| Nages/Salary | | not applicable |
| /olunteer Value (\$20/hr) | | not applicable |
| Other (describe) | | not applicable |
| TOTALS | 2200 | 1100 |

² If the application is for professional or facilitator fees, a job description or scope of work must be attached.



Application Form

| S VOUR organization was interest of | | | | |
|---|--------------|---------------|-----------------|--------|
| Is your organisation registered for GST? | ☐ Yes | ☑ No | GST Number | N/A |
| How much money does your organisation c | urrently hav | e? | 507. | 40 |
| low much of this money is already committ | | | | |
| ist the purpose and the amounts of money | already tags | and or comm | | |
| , | amount tug | ged of collin | inted (ii any): | |
| Purpose | | | | Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

Please list details of all other funding secured or pending approval for this project (minimum 50%):

| Funding Source | Amount | Approved |
|----------------|--------|---------------|
| N/A | | Yes / Pending |
| | | Yes / Pending |

Please state any previous funding the organisation has received from Council over the last five years:

| Purpose | Amount | Date | Project Report Submitted | | |
|---------|--------|------|-----------------------------|--|--|
| N/A | | | Y / N | | |
| | | | Y / N | | |
| | | | Y / N | | |
| | | | Y / N | | |



Application Form

Privacy Information

The information you have provided on this form is required so that your application for funding can be processed. Once this application is lodged with the Council it becomes public information and may be made available on the Council's website. If there is sensitive information in the proposal or personal details you wish to be withheld, please advise. These details are collected to inform the general public and community groups about all funding applications which have been submitted to the Far North District Council.

Applicant Declaration

This declaration must be signed by two people from your organisation who are 18 years of age or older with the authority to sign on behalf of the organisation. Signatories cannot be an undischarged bankrupt, cannot be immediately related, cannot be partners, and cannot live at the same address. They must have a daytime contact phone number and be contactable during normal business hours.

On behalf of: (full name of organisation)

The Wild Wild West Foundation Charitable Trust

We, the undersigned, declare the following:

In submitting this application:

- We have the authority to commit our organisation to this application and we have been duly authorised by our governing body.
- We acknowledge and agree that the Far North District Council may disclose or obtain information related to the funding of the organisation from any other government department or agenda, private person, or organisation.
- We have attached our organisation's most recent statement of income and expenditure, annual accounts, or other financial documents that demonstrate its ability to manage a grant.
- Individuals associated with our organisation will not receive a salary or any other pecuniary gain from the proceeds of any grant money arising from this application.
- The details given in all sections of this application are true and correct to the best of our knowledge, and reasonable evidence has been provided to support our application.
- 6. We have the following set of internal controls in place:
 - Two signatories to all bank accounts (if applicable)
 - A regularly maintained and current cashbook or electronic equivalent
 - A person responsible for keeping the financial records of the organisation.
 - A regularly maintained tax record (if applicable)
 - A regularly maintained PAYE record (if applicable)
 - The funding and its expenditure shown as separate entries in the cash book or as a note to the accounts
 - Tracking of different funding, e.g. through a spreadsheet or journal entry
 - Regular financial reporting to every full meeting of the governing body

| Signatory One | Signatory Two |
|---------------|---------------|
| Morning | The cum. |
| | |

www.fndc.govt.nz | Memorial Ave, Kaikohe 0440 | Private Bag 752, Kaikohe 0440 | ask.us@fndc.govt.nz | Phone 0800 920 029



Application Form

We agree to the following conditions if we are funded by Local Community Grant Funding:

- To uplift any funding granted within 3 months of the date on the letter of agreement. Failure to do so will result in loss of the grant money.
- To spend the funding within 12 months of the date of grant approval unless written approval for an extension is obtained from Council before that 12 month period ends.
- To spend the funding only for the purpose(s) approved by Far North District Council unless written approval for a change of purpose(s) is obtained in advance from the Community Board.
- To return to the Far North District Council any portion of the funding that we do not spend. If our payment includes GST
 we will return the GST component of the amount to be returned.
- To acknowledge the receipt of Community Board funds as a separate entry in our accounts, or in a note to our accounts, in our organisation's annual report.
- To acknowledge any financial contribution from Far North District Council on signage and in any publicity relating to the project. Contact Governance Support for digital imagery.
- To make available any files or records that relate to the expenditure of this funding for inspection if requested by the Far North District Council or its auditors.
- 8. To complete and return a Project Report within two months of the end of the project, or, if the activity is ongoing, within two months of the funding being spent. Applicants who fail to provide a project report within this timeframe will not be considered for funding for stand-down period of five years.
- To inform the Far North District Council of significant changes in our organisation before this application has been considered, or the funding has been fully used and accounted for (such as change in contact details, office holders, financial situation, intention to wind up or cease operations, or any other significant event).
- To lay a complaint with the Police and notify the Far North District Council immediately if any of the funding is stolen or misappropriated.

Signatory One Name Lohnet Murray Position Secretary Postal Address P.O Box 29 Ahipara Post Code 0481 Phone Number 094082532 Mobile Number 0273338645 Signature Date Signatory Two Grant Devan Name Position Treasurer Postal Address 15 Puhata Road Herekino 0481 Post Code 092093883 Phone Number Mobile Number Varia Signature 2019 Date