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 <u>Community Grant Policy</u> 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 <u>www.fndc.govt.nz</u>
- 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 Community Development team at freephone 0800 920 029, or funding@fndc.govt.nz we're happy to help.

Send your completed form to funding@fndc.govt.nz or to any Council service centre

The following *must* 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

Applicant d	etails				
Organisation	Kaikohe Business Asso	ciation (Inc) Numbe	er of Member	s 43
Postal Address	P.O. Box 497 Kaikol	~e		Post Code	0405
Physical Address	None			Post Code	
Contact Person	Joe Nol	Position	Tren	surer	
Phone Number	09 40 11 052	Mobile Number	027.	26023	29
Email Address	joenolextra.co. 12				

Please briefly describe the purpose of the organisation.

Promotion of economic	development	in Kaitoho	and
Surrounding areas			

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Local Grant Application Form	R
Project Details	1500
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 Kaikohe Community Patrol Date NA	
Location NA Time NA	
Will there be a charge for the public to attend or participate in the project or event? NA Yes No	
If so, how much? NA 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.	
The Kaikobe Business Association Inc is the organisation that created and manages the Kaikobe Community Patro The Patrol in turn is affiliated to the Community Patro of New Zealand Charitable Trust, Which Manages the interface between the Patrols and NZ Police. The Kaikobe Patrol has operated continuously since 20 providing foot and vahicle patrols throughout Kaikobe on a Weekly basis. Volunteers provide 10-12 hours per week on a I week in 4 or 5 week basis, depending on numbers. New that the patrol has a Vehicle, we patrol the iom township, plus visits to Ngawha, Ohaeawai and Oka The Patrol is of benefit to the community and police, providing Valuable eyes and ears to them.	206, e plete

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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		-
Advertising/Promotion		
Facilitator/Professional Fees ²		
Administration (incl. stationery/copying)	150	150
Equipment Hire		
Equipment Purchase (describe)		
Allowance for Vehicle Rom	500	
Utilities Cell phone contract	108	108
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)		
Refreshments		
Travel/Mileage (Petrol)	1050	
Volunteer Expenses Reimbursement		
Wages/Salary		not applicable
Volunteer Value (\$20/hr)		not applicable
Other (describe) Vehicle Insurance Reg and WOF	1030	742
TOTALS	2838 pa	1000 pa

x 3 years

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

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Financial Information

Is your organisation registered for GST?	🗹 Yes	🗆 No	GST Number	103-589-665
How much money does your organisation currently have?				\$ 11783
How much of this money is already committe	ed to specif	ic purposes?	?	\$ 5700

List the purpose and the amounts of money already tagged or committed (if any):

Purpose	Amount
Remainder offermunity Patrol WCB Grant Made in 2016	700
Community Lighting Grant in WCB	5000
TOTAL	5700

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

Funding Source	Amount	Approved
NZ Police (Petrol)	1050	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
CCTV Cameras	17152.61	11/7/2016	Y / N
Community Patrol	3x1000.00	10/4/2017	Z (Y) IN I to com
Community lighting	5000.00	18/11/2019	Y / N
Xmas Parade	2500.00	26/11/2019	Y / N
Dinner Event	2000.00	2018/2019	(Y)
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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)

Kaikohe Business Association (Inc)

We, the undersigned, declare the following:

In submitting this application:

- 1. We have the authority to commit our organisation to this application and we have been duly authorised by our governing body.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. 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

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

- 1. To uplift any funding grar ted within 3 months of the date on the letter of agreement. Failure to do so will result in loss of the grant money.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. 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.
- 6. 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.
- 7. 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.
- 9. 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).
- 10. 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

		and a second
Name	JOE NOL	Position TREASURER
Postal Address	47 ORRS RD KAIKOHE	Post Code 0405
Phone Number	09 40 11 052	Mobile Number 027 260 2329
Signature	m	Date 10/3/20
Signatory T	NO	
Name	MARK ANDERSON	Position IMM PAST PRESIDENT
Postal Address	NORTHERN TYRES LAD RAM	HARA ST KAIKOHE Post Code 0405
Phone Number	09 40 10044	Mobile Number 027 4058214
Signature	Mon	Date 10/3/20
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Schedule of Supporting Documentation

KAIKOHE BUSINESS ASSOCIATION

The following supporting documentation has been provided in support of the grant application and is emailed under separate cover.

1	Insurance quote for Motor Vehicle
2	NZTA Registration document