

## **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 <a href="www.fndc.govt.nz">www.fndc.govt.nz</a>
- Incomplete, late, or non-complying applications will not be accepted.

Signed declarations on pgs 5-6 of this form

- 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 <a href="mailto:funding@fndc.govt.nz">funding@fndc.govt.nz</a> 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

  A 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

Organisation	Omanaia Marae	Number of Members
Postal Address	POBOX 1689 SHIZ RD3 Kaikohe C	9473 Post Code 0473
Physical Address	24 Omanaia Road, omanaia	
Contact Person	Tanya Filia Thip Position	Trustee Administra
Phone Number	021 407678 Mobile Number	021407678.
Email Address	omanaia marae a gmail.con	n .
teres of	scribe the purpose of the organisation.	· · · · · · · · · · · · · · · · · · ·

Hanki Omanaia - Gathering place for our hapu



# **Application Form**

Project Deta	ails
Which Communit	ty Board is your organisation applying to (see map Schedule A)?
	Te Hiku ☑ Kaikohe-Hokianga □ Bay of Islands-Whangaroa
Clearly describe t	the project or event:
Name of Activity	Purchase of dining room tables   Date -
Location	Omanaia Marae Time -
Will there be a cha	arge for the public to attend or participate in the project or event?
If so, how much?	n/a.
Outline your activ	vity and the services it will provide. Tell us:
<ul><li>Who was a second of the contract of th</li></ul>	will benefit from the activity and how; and
	t will broaden the range of activities and experiences available to the community.
Our mai	rae have been undertaking major buildings and
tacilities	upgrades for a number of years under a
Specific	staged strategic plan, we have had support years from a range of grant & Rinding organisate
over the	years from a range of grant & Rinding organisate
this year	brings about the completion of our upgrades to
buildings	and facilities with the whorekai and dining room
We seek s	upport to complete the dining room, by way of dining
tables an	od chairs. Our marge has been a community water
fill chation	and serviced the community during covid lockeday
Where kai	packs were made up and distributed alongside Houb
defence c	We see ourselves as a place that can act as a civil ommunity centre. The marae is able to sleep comfortably
120 people.	has showering facilities, and can cater Br many
	ge wharekai (kitchen-dining) our marae is proachue
	gagement with community and a range of organisations
host meen	ngs and worldshops. With your support our new upgraded
at least	ngs and workshops. With your support our new upgraded will have new dining room tables and chairs to setit

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# **Local Grant 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		
Advertising/Promotion		
Facilitator/Professional Fees <sup>2</sup>		
Administration (incl. stationery/copying)		
Equipment Hire		
Equipment Purchase (describe)	\$2,450-00	\$2450-00
Utilities		
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)		
Refreshments		
ravel/Mileage		
olunteer Expenses Reimbursement		
/ages/Salary		not applicable
olunteer Value (\$20/hr)	\$1,240-00	not applicable
ther (describe)		
TALS	\$3690-00	\$2450-00

<sup>&</sup>lt;sup>2</sup> If the application is for professional or facilitator fees, a job description or scope of work must be attached.



# **Application Form**

Financial Information				
Is your organisation registered for GST?	☐ Yes	□ No	GST Number	
How much money does your organisation cur	rently have	?	\$	12,286-19.
How much of this money is already committee	d to specifi	c purposes?	\$	12,286-19
List the purpose and the amounts of money a	Iready tagg	ed or commi	tted (if any):	

Purpose	Amount	
Tagged to purchase a coolstore	\$12,286-194	
TOTAL	\$12,286-194.	

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

Funding Source	Amount	Approved
nla		Yes / Pending
	(fg.)	Yes / Pending
	20	Yes / Pending
		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
nla			Y / N
			Y / N
			Y / N
-M			Y / N



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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)

## Omanaia Marae

### 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.
- 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.
- 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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## **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.
- 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.

ignatory One
lame Jack Korewha Position Chairperson
ostal Address PDC Rawene Box 229 Rawene Post Code 0433
Phone Number 027-9749-205 Mobile Number 027-9749-205.
signature Date 5-4-21
ignatory Two
lame Alecia Robinson Position Treasurer
Postal Address 1689 State highway 12, RD3 Kaikoho Post Code 0473.
Phone Number 094057642 Mobile Number
Ignature 80 - 4-21

### **Schedule of Supporting Documentation**

#### **Omanaia Marae**

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

1	ASB Bank Account Statement 26 January 2021
2	ASB Bank Transaction History Report from 1 November 2020 to 9 February 2021
3	Performance Report for the year ended 31 March 2020 x20 pages
4	Quote – Bunnings Ltd x4 pages
5	Support letter – Northland Civil Defence Emergency Management Officer – Claire Nyberg
6	Organisations Users of Omanaia Marae