

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 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

IIE I	ollow	ing <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

Applicant d	etails	
Organisation	Pukenui Coast Care	Number of Members (ommunity
Postal Address	1410 A Ngunguru RD RD3 Whongo	inei Post Code 0173
Physical Address	16 A Water front RD Pukenui	Post Code
		Idministrator
Phone Number	02(1220033 Mobile Number C	0211220033
Email Address	redikiwi@gmail.com	

Please briefly describe the purpose of the organisation.

jarden ommunit Wood removal & Plant low growing plants for regeneration

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Application Form

/			ation applying to (see map Sch	oudio Ay i		
\square	Te Hiku		Kaikohe-Hokianga	Bay of Islan	ds-Whangar	oa
Clearly describe	the project or event Pukenu i	t: 308	st Care			
Name of Activity	Commun:	t	Planting	Date	april	2021
ocation.	Car SH1	4	Water Front RD Puke	nu: Time		
Vill there be a ch	arge for the public to	atter	d or participate in the project or	event?	☐ Yes	⊠No
so, how much?	N/A					

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

who will knessit: Near by residents will benefit from significant reduction of Fire

nisk. Locals & Visitors to Pakenui materfront will benefit from having the use
of a much tidier, cleaner space to enjoy. Weed dearance will open a beautiful
wiew to the estuairy. This area cuventy attracts Litter + rubbish dumping + defacating
on the bushes. Public toilets near by can been seen once low growing Plants
fill the area. Pedestrians, walkers, cyclists and others out for exercise will have
views from the planted area which is normally observed by wilding Wattles.
As vehicles are barred from the wharf unless drivers hold barrier arm accept,
people in vehicles travellers, tourists + people making a rest stop can share
in enjoying this otherwise beautiful gem location of the north.
Broadens the range of adionies: the best views in Pukenui will be
made available to allofublic toilets wont be as obscured from
people. Emergency service people will be much less likely to be called
to fires here (a risk every sum mercunless something is done here) given that
over head wires are still in place. Top Energy power supply to the emainder of
the far North will be made a safer supply without the fire risk children are taug

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Project Cost

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

<u>Total Cost</u> - 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)		
Equipment Hire Contractor / mulch chie	500	500
Equipment Purchase (describe)	623	623
Utilities		
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)	1324	1324
Refreshments		1 004
Travel/Mileage		
Volunteer Expenses Reimbursement		
Wages/Salary		not applicable
Volunteer Value (\$20/hr)	16 288	not applicable
Other (describe) Parts	16 288	11 25
TOTALS		3572

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



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GST Number
Zero
Zero
ed (if any):
Amount

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

Funding Source	Amount	Approved
NRC Biofund		Yes Pending
NRC Biofund Internal affairs		Yes Pending
TOP Energy	\$1000	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
	NII-		Y / N
			Y / N
			Y / N
			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)



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) N / A
 - 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 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.
- 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.
- 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.
- 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).
- 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	Julie Gordon Position administrator
Postal Address	1410 A Ngunguru RD RO.3 Whangarei Post Code 0173
Phone Number	0211220033 Mobile Number 0211220033
Signature	The 20/4/2021
Signatory Tv	wo .
Name	angus Croig Gordon Position administrator
Postal Address	1410 A Ngungaru RD RD3 Whangarei Post Code 0173
Phone Number	0211744610 Mobile Number 0211744610
Signature	le Col Date 20/4/2021

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Schedule of Supporting Documentation

Pukenui Coast Care - Community Planting

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

1	Westpac Proof of Bank Account Details
2	Community Garden Budget Expenses Breakdown x2 pages
3	Map of proposed planting
4	Support Letter – Te Hiku Community Board x2 pages
5	Quote – Arnold Franks Ltd
6	Quote – Mitre 10
7	Quote – Primehort x2
8	Quote – Yara Mila Complex 20kg
9	Quote – Cut 'n' Paste Weed Gel Products Price List and Freight Charges
10	Quote – Round Up
11	Quote - Ngataki Native Plants
12	FNDC – Volunteer Health, Safety & Wellbeing Handbook x9 pages
13	FNDC – Job Safety Analysis – HS005A x5 pages
14	FNDC – Volunteer Health, Safety & Wellbeing Induction Checklist
15	Plant List
16	Waka Kotahi – NZTA Report
	