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 <u>funding@fndc.govt.nz</u> – we're happy to help.

 Send your completed form to funding@fndc.govt.nz or to any Council service centre The following <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) トレ A
- If your event is taking place on Council land or road/s, evidence of permission to do so Al A
- Signed declarations on pgs 5-6 of this form

Applicant details

Organisation	Manaki Tungana Trust Number of Members 122
Postal Address	P.O. Box 112 Rawone Post Code 0443
Physical Address	
Contact Person	Jenny McDougall Position Board Member
Phone Number	094057598 Mobile Number 0211477751
Email Address	jennymed@xtra.co.nz
	escribe the purpose of the organisation.
Hanaki	Tinana Trust is the administrative body of the community gym, pronting fitness in the community
	Memorial Ave, Kaikohe 0440 Private Bag 752, Kaikohe 0440 fending@fndc.govt.nz Phone 0800 920 029
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Project Details

Which Commun	ity 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	Hwege of Town Hall for exercise Date 2x week for	211
Location	Rowene Classes Time \$00-9.00	
Will there be a ch	arge for the public to attend or participate in the project or event?	
If so, how much?		
Outline your acti	ivity and the services it will provide. Tell us:	
• Who	will benefit from the activity and how; and	
	it will broaden the range of activities and experiences available to the community.	
meets unpaid fitness Suiss	to un exercise classes for woment to un exercise classes for woment members aged over 50. The group every Monday and Wednesday for volunteer-led classes geored to all levels. A variety of equipment is used balls, free weights, blocks and bolsters indees are gym members but there is	9°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°
Between	the necessity to here another venue.	
hall h	this grant, would have to pay the	
this gr	ant will support these women to remain	
tit, qu	al remove the financial bourier for others.	6

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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	1040-00	1040-00	
Advertising/Promotion		1040 00	
Facilitator/Professional Fees ²			
Administration (incl. stationery/copying)			
Equipment Hire			
Equipment Purchase (describe)			
Utilities			
Hardware (e.g. cement, timber, nails, paint)			
Consumable materials (craft supplies, books)			
Refreshments			
Travel/Mileage			
Volunteer Expenses Reimbursement			
Wages/Salary		not applicable	
Volunteer Value (\$20/hr)	4160-00	not applicable	
Other (describe)	7.00 00		
TOTALS			

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 No	GST Number	r
How much money does your organisation currently have?				33175-55
How much of this money is already committed to specific purposes?			\$? 6	19300 -00

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

Purpose	Amount
New office/cobin	10500 - 00
Contract cleaning personal training	14700-00
Power	1150-00
New tags admin cabin lease vent	1450 -00
Repairs, maintenance, security	2000 - 00
TOTAL	29.800-00

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

Funding Source	Amount	Approved
		Yes / Pending

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

Amount	Date	Project Report Submitted
4000-00	May 2019	(Ý / N
		Y / Dpend
758-00	Jan 2022	() / N
		(Ý) / N
	4000-00 1560-00 758-00	Amount Date 4000-00 May 2019 1560-00 Feb 2021 758-00 Jan 2022 1658-00 May 2022

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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 ege or older with the authority to sign on behall of the organisation. Signatories cannot be an undischarged benkrupt, cennot be immediately related, cannot be panners, 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)

Manaki Tinana 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 goventing 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.
- 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 signationes 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

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(version Sept 2018)

Signatory Two

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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 funcing 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.
- To acknowledge the roosist 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 origoing, 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 Par North District Council immediately if any of the funding is stolen or misappropriated.

Name	Jenny McDougall Positon Beard Manber
Postal Address	\$ 246 Wharekenun Ret RD3 Kailuche Post Code 0473
Phone Number	1094057595 Mobile Number 021(47775)
Signature	Juneryel Date 26-9-2022
Signatory T	wo
Name	Elizabeth Moynahan Poston TREASURER A8 PARNET Street - RAWENG Post Code OH43
Postal Address	48 PARNET Street - RAWENG Post Code GALIZ
Phone Number	09285928 Mobile Number COLOULAIEM
	Dottermathani Date 26-9-2022
Allentin and service	nz Memoriai Ave, Kaikobe 0440 Private Bag 752, Kaikobe 0440 funding@fndc.govt.nz Phone 0800 920 02 (service Sept 2018) Page 5

Signatory One

Schedule of Supporting Documentation

MANAKI TINANA TRUST

(Hireage of Town Hall for Exercise Classes)

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

1	Quote: Rawene Town Hall – x 1 page
2	Volunteer Hours – x 2 pages
3	Health and Safety Plan – x 1 page
4	Performance report as of 31 March 2022 – x 13 pages