Application No. THCB00010 From Kerikeri Bowling Club Incorporated

Form Submitted 21 Sep 2023, 10:04AM NZST

### **Applicant Details**

\* indicates a required field

### Instructions

#### Please read carefully:

- Read this application 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. Deadline dates are on the Council's website.
- Incomplete, late or non-complying applications will not be considered.
- 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.

#### The following must be submitted along with this application form:

- Two quote for purchases where practicable, **or** evidence of expected purchases
- Business plan (including project costs)
- Details of all other funding secured of pending approval for this project (minimum 50%)
- Programme outline (if applying for operating costs)
- A health and safety plan.

## **Applicant details**

Applicant \*

Kerikeri Bowling Club Incorporated

Postal Address \*

Physical Address \*

#### Website

Must be a URL.

#### Facebook page

Application No. THCB00010 From Kerikeri Bowling Club Incorporated

Form Submitted 21 Sep 2023, 10:04AM NZST

				<b>.</b>	-1-	-	_
L	on	ıτa	CT	$\mathbf{a}$	eta	ш	S

Contact Person One: Contact Person Two:

Applicant Project Contact \* Applicant Admin Contact

**Position \*** Position
Grants/Funding Committee Treasurer

Phone Number Phone Number

Mobile Number Mobile Number

Email \* Email Address

### **Purpose of organisation**

### Please briefly describe the purpose of the organisation \*

Kerikeri Bowling Club Inc was incorporated 1962 and plays outdoor lawn bowls, an integral part in the community sport in the Kerikeri CBD for the benefit of all people of all ages, races, physical, health and social benefits.

Number of Members \* 120

## **Project Details**

\* indicates a required field

### **Project Details**

Clearly describe the project or event:

Name of Activity \*
Outdoor lawn bowls

Location \*

18 Cobham Road, Kerikeri

### Application No. THCB00010 From Kerikeri Bowling Club Incorporated

Form Submitted 21 Sep 2023, 10:04AM NZST

Will there be a charge for the public to attend or participate in the project or event? \*

○ Yes 

 No

### **Project dates:**

Start Date End Date:

Date:

**01/11/2024 02/11/2023** Must be a date. Must be a date.

### **Project Outline**

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.

#### Project outline: \*

A 50% grant is requested to assist with annual insurance premium costs which are forever increasing, especially as the bowling club has experienced 3 burglaries of the green keepers shed this year in part due to poor carpark lighting which we understand will be rectified by the FNDC through the Domain upgrade before Xmas

## **Project Cost**

\* indicates a required field

## Provide a detailed cost 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 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

### **Budge**

### Application No. THCB00010 From Kerikeri Bowling Club Incorporated

Form Submitted 21 Sep 2023, 10:04AM NZST

Expenditure	Total Cost	<b>Amount Requested</b>	Quotes
	Must be a dollar amount.	Must be a dollar amount.	
Rent/Venue Hire	\$	\$	No files have been uploaded
Advertising/Promotion	\$	\$	No files have been uploaded
Facilitator/Profession al Fees	\$	\$	No files have been uploaded
Administration (inc. s tationery/copying)	\$3,766.50	\$1,883.25	Filename: 2023 Rene wal - Kerikeri Bowling Club Inc.pdf File size: 410.8 kB
Equipment Hire	\$	\$	No files have been uploaded
Equipment Purchase (describe)	\$	\$	No files have been uploaded
Utilities	\$	\$	No files have been uploaded
Hardware (e.g ce- ment, timber, nails, paint)	\$	\$	No files have been uploaded
Consumable materials (craft supplies, books)	\$	\$	No files have been uploaded
Refreshments	\$	\$	No files have been uploaded
Travel/Mileage	\$	\$	No files have been uploaded
Volunteer Expenses Reimbursement	\$	\$	No files have been uploaded
Other (describe)	\$	\$	No files have been uploaded
Other (describe)	\$	\$	No files have been uploaded
Other (describe)	\$	\$	No files have been uploaded

## **Funding Request Amount**

Please enter the total cost of your project (the sum of the items you have listed in the Total Cost column above) and the total amount you are requesting from the Board (the sum of the items you have listed in the Amount Requested column above).

### Application No. THCB00010 From Kerikeri Bowling Club Incorporated

Form Submitted 21 Sep 2023, 10:04AM NZST

What is the total cost of your project? \* \$3,767

Must be a dollar amount.

What is the amount you are requesting from the Board? \* \$1,883

Must be a dollar amount.

### **Financial Information**

\* indicates a required field

#### **Financial Information**

If your organisation registered for GST \*

Yes ○ No

### **GST Number**

**GST Number** 

011-278-639

### **Current Funding**

**How much money does your organisation currently have?** \* \$116,750.00

Must be a dollar amount.

How much of this money is already committed to a specific purpose? \*100.000.00

Must be a dollar amount.

## **Tagged Funds**

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

### Purpose Amount

Replacement of upper astro turf artificial green	\$250,000.00
	\$
	\$
	\$
	\$

## **Total Tagged Funds**

Application No. THCB00010 From Kerikeri Bowling Club Incorporated

Form Submitted 21 Sep 2023, 10:04AM NZST

### **Total Expenditure Amount**

\$250,000.00

This number/amount is calculated.

### **Other Funding**

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

Funding Source	Amount	Decision
	Must be a dollar amount.	
	\$	
	\$	
	\$	
	\$	
	\$	

### **Previous Funding from FNDC**

Have you previously received funding from FNDC?

## **Previous Funding from FNDC**

Purpose	Amount	Date	Project Report Submitted
	Must be a dollar amount.	Must be a date.	
New astro surface for lower green approx 4 years ago	\$		Yes
	\$		
	\$		
	\$		

## Last page

\* indicates a required field

## **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

Application No. THCB00010 From Kerikeri Bowling Club Incorporated

Form Submitted 21 Sep 2023, 10:04AM NZST

information and may be made available on the Council's website. If there is sensitive information in the proposal of 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.

#### 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 organisations 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 out 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 sperate entries in the cash book or as a note o the accounts
  - Tracking of different funding, e.g through a spreadsheet or journey entry
  - regular financial reporting to every full meeting of the governing body

## 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 of 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 the Far North District Council unless written approval for a change of purpose(s) is obtained **an advance** from the Community Board.
- 4. To return to the Far North District Council any portion of the funding that e do not spend. If our payment includes GST we will return the GST component of the amount to be returned.

Application No. THCB00010 From Kerikeri Bowling Club Incorporated

Form Submitted 21 Sep 2023, 10:04AM NZST

- 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 the Funding Team 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).
- 10To lay a complaint with the Police and notify the far North District Council immediately if any of the funding is stolen or misappropriated.

### Signatures

Must be a date.

Signatory One	Signatory Two		
Name *	Name		
Position *	Position		
Grants/Funding Committee Member	Treasurer		
Postal Address	Postal Address		
	Phone Number		
Phone Number			
	Mobile Number		
Mobile			
Number	Email		
Email			
	Date		
Date	21/09/2023		
21/09/2023	Must be a date.		