



**Far North  
District Council**



# **AGENDA**

## **Supplementary Reports**

### **Kaikohe-Hokianga Community Board Meeting**

**Wednesday, 5 February 2020**

**Time: 10.30 am**  
**Location: Council Chamber**  
**Memorial Avenue**  
**Kaikohe**

**Membership:**

Chairperson Mike Edmonds - Chairperson  
Member Emma Davis – Deputy Chairperson  
Member Laurie Byers  
Member Kelly van Gaalen  
Member Alan Hessel  
Member Louis Toorenborg  
Cr John Vujcich



**Order Of Business**

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## 1 REPORTS

### 1.1 SUPPLEMENTARY FUNDING APPLICATION - RAWENE GOLF CLUB INC

**File Number:** A2837718

**Author:** Kathryn Trewin, Funding Advisor

**Authoriser:** Ana Mules, Team Leader - Community Development and Investment

#### PURPOSE OF THE REPORT

To present the Community Board with information on the funding application from Rawene Golf Club Incorporated, for a grant to assist with the running a golf tournament, with proceeds to be donated to the Rawene Hospital.

#### EXECUTIVE SUMMARY

- The applicant seeks funding for an event that takes place on 15 February 2020 which takes place before the next Community Board meeting, so this application needs to be considered by the Board at the February 2020 meeting.

#### RECOMMENDATION

**That the Kaikohe-Hokianga Community Board, in considering the provisions of the Community Grant Policy authorise the sum of \$950 (plus GST if applicable) to be paid from the Board's Community Fund account to Rawene Golf Club Incorporated for costs towards the Hokianga Golf Fun Day, to support the following Community Outcomes:**

- Proud vibrant communities.**
- Liveable communities that are healthy, safe, connected and sustainable.**

#### 1) BACKGROUND

The Hokianga Golf Fun day is an outdoor smoke free community event that is held annually. The event is organised and run by volunteers from the Rawene Golf Club Inc.

The funds raised from the day are donated to the Rawene Hospital. Donations from the Hokianga Golf Fun Day have purchased \$10k worth of equipment to date. All previous project reports have been received from this applicant.

#### 2) DISCUSSION AND OPTIONS

##### **Preliminary assessment of the application:**

This application has been checked by staff for completeness and complies with all conditions of the Community Grant Policy, Community Outcomes as stated in the LTP, and all provisions listed on the application form.

##### **Option 1 Authorise the full amount requested**

Funding of 44.2% of the total cost could be considered.

##### **Option 2 Authorise partial funding of the amount requested**

Partial funding of the amount requested could be considered.

Option 1 is recommended by staff as it complies with the Community Grant Policy.

**Reason for the recommendation**

This application has been checked by staff for completeness and complies with all conditions of the Community Grant Policy, Community Outcomes as stated in the 2018-28 LTP, and all provisions listed on the application form.

**3) FINANCIAL IMPLICATIONS AND BUDGETARY PROVISION**

Budgetary Provision has been made and the grant is allocated in accordance with the Community Grant Policy.

**ATTACHMENTS**

1. KHCB - Rawene Golf Club - Funding Application - A2838028 [↓](#) 

**Compliance schedule:**

Full consideration has been given to the provisions of the Local Government Act 2002 S77 in relation to decision making, in particular:

1. A Local authority must, in the course of the decision-making process,
  - a) Seek to identify all reasonably practicable options for the achievement of the objective of a decision; and
  - b) Assess the options in terms of their advantages and disadvantages; and
  - c) If any of the options identified under paragraph (a) involves a significant decision in relation to land or a body of water, take into account the relationship of Māori and their culture and traditions with their ancestral land, water sites, waahi tapu, valued flora and fauna and other taonga.
2. This section is subject to Section 79 - Compliance with procedures in relation to decisions.

Compliance requirement	Staff assessment
State the level of significance (high or low) of the issue or proposal as determined by the <a href="#">Council's Significance and Engagement Policy</a>	Low.
State the relevant Council policies (external or internal), legislation, and/or community outcomes (as stated in the LTP) that relate to this decision.	Community Grant Policy.
State whether this issue or proposal has a District wide relevance and, if not, the ways in which the appropriate Community Board's views have been sought.	This report is to the Te Hiku Community Board.
State the possible implications for Māori and how Māori have been provided with an opportunity to contribute to decision making if this decision is significant and relates to land and/or any body of water.	No implications for Maori in relation to land and / or water.
Identify persons likely to be affected by or have an interest in the matter, and how you have given consideration to their views or preferences (for example – youth, the aged and those with disabilities).	Considered in the application.
State the financial implications and where budgetary provisions have been made to support this decision.	Budgetary Provision has been made and the grant is allocated in accordance with the Community Grant Policy.
Chief Financial Officer review.	The Chief Financial Officer has not reviewed this report.

## Local Grant 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](http://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](mailto:funding@fndc.govt.nz) – we're happy to help.

- **Send your completed form** to [funding@fndc.govt.nz](mailto: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 details

Organisation	Rawene Golf Club Inc.	Number of Members	39
Postal Address	P.O. Box 21, Rawene	Post Code	0443
Physical Address	51 De Thierry Street, Rawene	Post Code	0473
Contact Person	Dixon Tutor	Position	Organiser
Phone Number	09 4059 448	Mobile Number	022 680 8503
Email Address	dixonandstephie@outlook.com		

Please briefly describe the purpose of the organisation.

Community Golf Event Fun Day which raises + donates funds to the Rawene Hospital.

[www.fndc.govt.nz](http://www.fndc.govt.nz) | Memorial Ave, Kaikohe 0440 | Private Bag 752, Kaikohe 0440 | [funding@fndc.govt.nz](mailto:funding@fndc.govt.nz) | Phone 0800 920 029

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## Local Grant Application Form



### Project Details

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 Hokianga Golf Fun Day Date 15th February 20

Location Rawene Golf Course Time 9am Assemble

Will there be a charge for the public to attend or participate in the project or event? ☒ Yes ☐ No

If so, how much? Attendance is free - \$40 per team of 4 persons.

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 community of Hokianga will benefit from this day and the funds raised for the Hokianga Hospital.

This is the 10th year the club has ran this tournament. The time and resources to make this day successful is voluntary not only by club members but hospital staff also. In this time we raised \$13,000 with monies funding electric lazyboy chairs for the palliative and maternity rooms, hospital equipment and refurbished pews for the hospital marae. Golf promotes healthy fun exercise, team building and most importantly community spirit between the 9 communities of Hokianga. It is open to all ages and encourages whanau participation

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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	150 - 00	
Advertising/Promotion		
Facilitator/Professional Fees <sup>2</sup>		
Administration (incl. stationery/copying)		
Equipment Hire		
Equipment Purchase (describe) Club ball hire hangi cooler full gas bottle	150 - 00	150 - 00
Utilities		
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)		
Refreshments + food	800 - 00	800 - 00
Travel/Mileage		
Volunteer Expenses Reimbursement		
Wages/Salary		not applicable
Volunteer Value (\$20/hr)	500 - 00	not applicable
Other (describe) Green Fees	500 - 00	
<b>TOTALS</b>	<b>\$2150 - 00</b>	<b>\$950 - 00</b>

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

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## Local Grant



## Application Form

## Financial Information

Is your organisation registered for GST? ☒ Yes ☐ No GST Number 51 742 257

How much money does your organisation currently have? \$3366.57 00

How much of this money is already committed to specific purposes? nil

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

Purpose	Amount
Club account currently in overdraft	
TOTAL	

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

Funding Source	Amount	Approved
		Yes / Pending
		Yes / Pending
		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
Hokianga Golf Fun day	\$600.00	2015	(Y) / N
✓	\$587.00	2019	(Y) / N
			Y / N
			Y / N

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## Local Grant Application Form



### 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)

RAWENE GOLF CLUB INCORPORATED

We, the undersigned, declare the following:

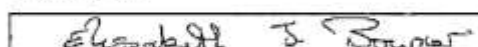
In submitting this application:

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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## Local Grant Application Form



**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.
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

Name Elisabeth Bonker Position Secretary  
 Postal Address P.O. Box 5, Rawene Post Code 0443  
 Phone Number 09 4057-798 Mobile Number 021 4577 95  
 Signature Elisabeth J. Bonker Date 10-1-20

### Signatory Two

Name Elisabeth Mendes Position Treasurer  
 Postal Address 218 Wharekawa Rd, Oue Post Code 0473  
 Phone Number 09 4057578 Mobile Number 0211735346  
 Signature [Signature] Date 10-01-2020

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**Schedule of Supporting Documentation****Rawene Golf Club Incorporated**

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

<b>1</b>	<b>Bank Statement</b>
<b>2</b>	<b>Invoice for Venue Hire</b>
<b>3</b>	<b>Invoice for catering (hangi)</b>