

Local Grant Application Form

FNDC ADMIN
23 JAN 2019



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 Governance team at DDI (09) 401 5231, freephone 0800 920 029, or governance@fndc.govt.nz – we're happy to help.
- **Send your completed form** to governance@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 *covered by Mangonui Festival*
- ☒ Your organisation's business plan (if applicable) *spreadsheet attached*
- ☐ 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	BE FREE INC.	Number of Members	6
Postal Address	188A WAIPAPA WEST RD. KERIKERI	Post Code	0295
Physical Address	"	Post Code	"
Contact Person	CLAIRE GORDON	Position	CHAIRPERSON
Phone Number	09 407 1506	Mobile Number	021 883 616
Email Address	musicplacekerikeri@gmail.com		

Please briefly describe the purpose of the organisation.

PROMOTING FREEDOM FROM ADDICTIONS, SUPPORTING OUR COMMUNITY AND
CELEBRATING LIFE. PROVIDING SUPPORT FOR YOUTH THROUGH MUSIC AND PERFORMANCE



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 BE FREE YOUTH STAGE AT MANGONUI FESTIVAL Date 30.03.2019
Location MANGONUI WATERFRONT FESTIVAL Time 12 - 6 PM

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

If so, how much? GENERAL FESTIVAL ADMISSION: ADULTS - \$10 KIDS - KOHA

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.

Be Free - benefitting our Youth and Community, through resilience and mentoring.

Following on from the success of last year, Be Free have again been invited to sponsor a Youth Performance Stage to showcase the youth of our region and to provide a platform to demonstrate the resilience, self-confidence, and collaborative spirit of the youth participating in the Be Free Programme - as a positive example and inspiration to their peer group. This year, Be Free's success as a programme has been recognised through an award from Trustpower Communities, where we gained finalist in our category.

Be Free becoming more widely available. We welcome the opportunity to provide resources and support for those who are struggling or suffering from the effects of addictions on their whanau, whether drug or alcohol, and the subsequent mental health issues. We need to create an awareness of the availability of the programme, through the continued promotion at events such as Mangonui Festival which has the attendance of the wider community that we need to reach.

Getting our Message heard. Our Youth demonstrate through performance what they can achieve through learning resilience which gives them the strength to exercise their educated choices around non-participation in drug & alcohol use. We find delivering our messages through the medium of music is not only readily accepted, but is cross cultural, breaking down any barriers. The message is far more effective to their peers (and whanau) when delivered by the youth themselves.

Feedback received from attendees at last year's festival was often emotional in terms of the availability of the programme and how it could have made such a difference had it been available for their whanau at an earlier stage. This emphasises, for us, the importance of not just being able to continue the Be Free programme, but to increase the awareness of its availability to all youth, which we can do through this platform. During the event, attendees are able to access support and resources, engaging with support providers.

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	1,260	630
Facilitator/Professional Fees ²	1,165	583
Administration (incl. stationery/copying)	340	170
Equipment Hire	3327	1663
Equipment Purchase (describe)	—	—
Utilities	—	—
Hardware (e.g. cement, timber, nails, paint)	—	—
Consumable materials (craft supplies, books)	—	—
Refreshments	120	60
Travel/Mileage	450	225
Volunteer Expenses Reimbursement	—	—
Wages/Salary	—	not applicable
Volunteer Value (\$20/hr)	(9600)	not applicable
Other (describe) PERFORMERS KOHA PUBLIC LIABILITY INSURANCE	1500 544] 2044	1022
TOTALS	8706	4353

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

Local Grant Application Form



Financial Information

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

How much money does your organisation currently have?

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

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

Purpose	Amount
FAR NORTH SUMMER SOUNDS FREE EVENT (FUNDED BY PRIVATE DONATION)	11,203
16TH FEB 2019	
TOTAL	11,203

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

Funding Source	Amount	Approved
LOTTERIES COMMUNITY	2,280	Yes / <u>Pending</u>
PRIVATE DONATION	1,000	<u>Yes</u> / Pending
BE FREE RAISED FUNDS	673	Yes / <u>Pending</u>
FOUNDATION NORTH	400	<u>Yes</u> / 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
FNDC : CONCERT FUNDING	10,000	26.02.15	<u>Y</u> / N
FNDC : CONCERT FUNDING	10,600	23.03.16	<u>Y</u> / N
CREATIVENZ : CONCERT FUNDING	1,848	22.12.16	<u>Y</u> / N
FNDC : MANONUI YOUTH STAGE	3,268	05.03.18	<u>Y</u> / N



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)

BE FREE 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

Chapman

Signatory Two

Damilo



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 Position

Postal Address Post Code

Phone Number Mobile Number

Signature Date

Signatory Two

Name Position

Postal Address Post Code

Phone Number Mobile Number

Signature Date