## **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
- 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
- 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 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	Mai Lyfe Number of Members					
Postal Address	45 B Riverstream Drive, Waipapa Post Code 0295					
Physical Address	Post Code					
Contact Person	Trana Pohavama. Position Chairmen.					
Phone Number	Mobile Number 0211490312					
Email Address Maily Elbagmail-com						
Please briefly describe the purpose of the organisation.						
	ner our local communities by Supporting their and aspirations					

## **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 events
0(.10.2019
Name of Activity Mai Lyke 30N3 Basketball Date 26 10 201.  Time 9am - 15pm.
Location Kevikeri
Will there be a charge for the public to attend or participate in the project or event?
If so, how much?
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.
Mai Lyfe is running a Free 30N3 Basked ball event that
will create a sorthway for positive change in our
Communita.
Nai Lufe is a rightered Society that's been operating
for Tyears. The Mai Lyfe Has achieved outstanding
In the Man A with Rom down Variable in Instance
Eholavships in America
1 0 1 1 a a la
by hys has proven that we have the right team to
whileve these goals. Tulp us help our Community
by his proven that we have the right fram to while these goals. Help us help our Community or change.

#### Project Cost

vide 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.

#### se 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
enue Hire	\$ 200 (donated)	
sing/Promotion	( orongrea )	
or/Professional Fees <sup>2</sup>		
tration (incl. stationery/copying)	\$150 (donated)	
ent Hire	\$ 150 (donated)	
ent Purchase (describe)	(00000)	
(e.g. cement, timber, nails, paint)		Mark All Three
ble materials (craft supplies, books)	\$50 (donated)	DESCRIPTION OF THE PROPERTY OF
ents		
eage	\$ 300 (donated)	
Expenses Reimbursement	\$ 300 (donated) Referees = \$400	
ary		not applicable
/alue (\$20/hr)	104 hans 2 \$20 = \$1,080	not applicable
cribe)	mai Lype 3003 Basket ball	mai Lyfe and sponsors m
	104 hains @ \$20 = \$1,080 mai lyfe 3003 Basket ball Equipment. 4,291.22	the Cost of equipment for
	84,291.22	\$2,145.61

cation is for professional or facilitator fees, a job description or scope of work must be attached.

nz | Memorial Ave, Kaikohe 0440 | Private Bag 752, Kaikohe 0440 | ask.us@fndc.govt.nz | Phone 0800 920 2018)

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Financial Information			
Is your organisation registered for GST	?	GST Number [	
How much money does your organisation	on currently have?		
How much of this money is already com	mitted to specific purposes?		
List the purpose and the amounts of mo	oney already tagged or commit	ted (if any):	
Purpose	MARKET AND		Amount
ruipose			Amount
	150 (C. 100 ) 1 ( 100 ) 1		
TOTAL			
Please list details of all other funding sec	ured or pending approval for	this project (mi	nimum 50%):
Funding Source	Amo	unt	Approved
ommystin Donations	\$500.00		Yes / Pending
Fundra sers	\$ 645.61	1	Yes / Pending
ponsors	1,000.00		Yes / Pending
	100 A		Yes / Pending Yes / Pending
			REMARKS THE CO.
ase state any previous funding the org	anisation has received from	Council over t	he last five years:
Purpose	Amount	Date	Project Repor
r ar pose	7	2010	Submitted
			Y / N
			Y / N
			YIN
			1 / 10
dc.govt.nz   Memorial Ave, Kaikohe 0440	Private Bag 752, Kaikohe 0	440   ask.us@fr	ndc.govt.nz   Phone 0800 9
on Sept 2018)	Page 4		

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**Application Form** 

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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.

The 12 months of the date of grant approval unless written approval for an approval for approval fo

the grant money.

To spend the funding within 12 months of the date of grant approval unless written approval for an expending obtained from Council before that 12 month period ends.

To spend the funding only for the purpose(s) approved by Far North District Council unless written out the funding only for the purpose(s) approved by Far North District Council unless written out the funding 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 north 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.

 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	Trane Polavame. Position Chairmen.
Postal Address	45B Riverstream Drive, Napapa Post Code 6295.
Phone Number	Mobile Number @211490312.
Signature	9/10havene. Date 07.06.19
Signatory To	NO TO THE PARTY OF
Name	Peter Poharama Position Volunteer.
Postal Address	458 Riverstream Drive, Waipapa Post Code 0295
Phone Number	Mobile Number 021 297 8576
Signature	pate 07.06.19