

## **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 <a href="www.fndc.govt.nz">www.fndc.govt.nz</a>
- Incomplete, late, or non-complying applications will not be accepted.

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

Signed declarations on pgs 5-6 of this form

- 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 <a href="mailto:governance@fndc.govt.nz">governance@fndc.govt.nz</a> we're happy to help.
- Send your completed form to governance@fndc.govt.nz or to any Council service centre

	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

Applicant d	etails							
Organisation	Kawakawa Hundertwasser Park C	Numbe	er of Member	rs	8			
Postal Address	c/- Kawakawa Museum, 3 Wynyard Street, Kawakawa					021	0	
Physical Address	above		Post Code					
Contact <u>Person</u>	Lau'rell Pratt		Position	Project I	Manager			
Phone Number	021 024 57571	Mobile N	umber	021 024	57571			
Email Address	laurell.pratt@gmail.com							

Please briefly describe the purpose of the organisation.

To build a community cultural hub, memorial centre and gallery on the Hundertwasser Memorial Park, Kawakawa



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Project Deta	alis									
Which Community Board is your organisation applying to (see map Schedule A)?										
	Te Hiku			Kaikohe-Hokianga	X	Bay c	of Island	ls-Whanga	aroa	
Clearly describe the project or event:										
Name of Activity	ame of Activity Library/Entrance pagoda/sculpture Theresa Reihana Date 28.08.2019									
Location Hundertwasser Memorial Park, Kawakawa Time 2020										
Will there be a cha	arge for th	ne public to at	ttenc	or participate in the	project or	event?		☐ Yes	☑ No	
If so, how much?										
Outline your acti	vity and	the services	it w	ill provide. Tell us:						
• Who	will benef	fit from the ac	ctivity	y and how; and						
• How	it will broa	aden the rang	ge of	activities and experi	ences ava	ailable to	the cor	mmunity.		



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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		
Advertising/Promotion		
Facilitator/Professional Fees <sup>2</sup>	90,000	4,500 Engineer_ Architect
Administration (incl. stationery/copying)		
Equipment Hire		
Equipment Purchase (describe)		
Utilities		
Hardware (e.g. cement, timber, nails, paint)	501,736	22,000 Corten Steel
Consumable materials (craft supplies, books)		
Refreshments		
Travel/Mileage		
Volunteer Expenses Reimbursement		
Wages/Salary		not applicable
Volunteer Value (\$20/hr)		not applicable
Other (describe)  Cultural Artists Concpet Design	110,000	10,000
TOTALS	701,736	41,500

<sup>&</sup>lt;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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Financial Information								
ls your organisation registered for GST?	☑ Yes	□ No	GST Num	ber				
How much money does your organisation co	21,00	0						
How much of this money is already committ	total							
ist the name as and the amounts of managed by a histograph of a name its of (if any).								

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

Purpose	Amount
Building project fees	21,000
TOTAL	21,000

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

Funding Source	Amount	Approved
Creative NZ and LEH applied for other Cultural Des	sign Eements	Yes / Pending
Total project funding from Lotteries, Foundation No	th, PGF, TIFF, NRC, FNDC	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
None			Y / N
			Y / N
			Y / N
			Y / N



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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 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)

Kawakawa Hundertwasser Park Charitable Trust

### 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

Mrs Noma Shepherd	Lau'rell Pratt

Signatory Two

Signatory One



# **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	Mrs Noma Shepherd		Position	on Cl	nair			
Postal Address	8 Neumann Street Kawakawa					Post Code	0210	
Phone Number	094040036	Mobile Nu	ımber	0212	58276	64		
Signature	х			Date	30	.08.2019		
Signatory Two								
Name	Laurell Pratt		Positio	on Pr	oject	Manager		
Postal Address	PO Box 221 Kawakawa					Post Code	0243	
Phone Number		Mobile Nu	umber	021 0	24 57	'571		
Signature	Х			Date	30.	08.2019		