Local Grant Application Form



Please read carefully:

Instructions

- 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 <u>must</u> be submitted along with this application form:

	ing <u>inust</u> be submitted dieng
	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
Autoso	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
	TO - I this form

☐ Signe	ed declarations on pgs 5-6 of this form
Applicant d	
Organisation	Busness Painia Mc. Number of Members 110
Postal Address	po Box 339 Paihia Post Code O200.
Physical Address	Position Administrator
Contact Person	Steph wally
Phone Number	Modification
Email Address	steph of blahblahnarketing. Co. nz.
	describe the purpose of the organisation.
10 con	Mann Falls. Bring people to the region, provote come



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 Paihia Christmas Parade Date 6th Dec 2019
Location Paihia Time 5.30 pm.
Will there be a charge for the public to attend or participate in the project or event? ☐ Yes ☐ No
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.
- All of the area. - Brings the whole commonty tyether to collecte The town to swrounding areas. - Schools, Jurinesses to community groups all participate. - This year focusing on an environmentally triendly parade. As organises replacing the planted tolly scramble. Enceraging people to product the environment.



Application Form

Statistics Assessment and automatic and a second					
Financial Information					
s your organisation registered for GST?	Yes	□ No	GST Number	er 9397	3186
How much money does your organisation c	urrently hav	re? Sept	2020	41,964 -	-83
How much of this money is already commit	ted to speci	fic purpos	es?	41,964	-83

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

Purpose	Amount
Summer Circus Fireworks 'it' Bay of Islands Food o Wrie Festival.	\$ 3,000 \$ 3,000. \$ 35,964-8]
TOTAL	41,964-87.

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

Funding Source	Amount	Approved
Local business spersous.		Yes / Pending
wear sugner spores.		Yes / Pending
		Yes / Pending
		Yes / Pendin
		Yes / Pendin

Please state any previous funding the organisation has received from Council over the last five years:

Pu	rpose	Amount	Date	Project Report Submitted
1-0-1	Parale 2018	5020.50.		(Ý) / N
Chrsma	1 201°	000	9/10/2017	(Ý / N
Sheet Das	h 2017	5750.	13/4/2017	Y) N
Chairma	Parade 20	16 8050	20/5/2016	(M) IN
VINDILLIA		15 2875	20/11/205	
NY EVE	1 Symmer Fes	hval. 6901	26/11/2014	
Chartm	as Prade.	2875	16/11/201	4 4



Application Form

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.
- 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.
- 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).
- 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	Nick Madden	Position	Executive Committee member
Postal Address	7 The Anchorage Fast,	Wakea	Post Code Ozo4
Phone Number		Mobile Number	M 213 5819.
Signature	S. Wall	D	ate 3/19/19.
Signatory To	NO N.		
Name	Rachel Paterson	Position	Treasurer
Postal Address	P O Box 244 Paihia		Post Code 0247
Phone Number		Mobile Number 02	74 787 988
Signature	K Paterson	D	ate 03 Oct 2019

Application Form

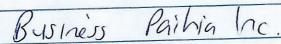
Privacy Information

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)



We, the undersigned, declare the following:

In submitting this application:

- We have the authority to commit our organisation to this application and we have been duly authorised by our gov-1. erning body.
- We acknowledge and agree that the Far North District Council may disclose or obtain information related to the fund-2. ing of the organisation from any other government department or agenda, private person, or organisation.
- We have attached our organisation's most recent statement of income and expenditure, annual accounts, or other 3. financial documents that demonstrate its ability to manage a grant.
- Individuals associated with our organisation will not receive a salary or any other pecuniary gain from the proceeds of 4. any grant money arising from this application.
- The details given in all sections of this application are true and correct to the best of our knowledge, and reasonable 5. evidence has been provided to support our application.
- We have the following set of internal controls in place: 6.
 - 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

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Signatory Two