

# **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 <u>Community Grant Policy</u> 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.
- 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 <a href="mailto:funding@fndc.govt.nz">funding@fndc.govt.nz</a> we're happy to help.
- Send your completed form to 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	ganisation Tukau Community Fund Numb			mber of Members		
Postal Address	91 Hupara Rd, RD2, Kaikohe				0472	
Physical Address	rsical Address As above			Post Code	0472	
Contact Person	Season-Mary Downs	Position	Kaiwhakaha	ere		
Phone Number	021-885-211 Mobile Number 021-88		021-885-211	021-885-211		
Email Address	seasonmarydowns@tukaulaw.co.nz					

Please briefly describe the purpose of the organisation.

Rangatiratanga - To empower our local communities by supporting their needs and aspirations



# **Application Form**

# Project Details

Which Communi	ty Board is yοι	ır organis	ation applying to (see	map Scl	nedule	A)?		
	Te Hiku		Kaikohe-Hokianga	×	Bay	of Island	ds-Whanga	aroa
Clearly describe	the project or	event:						
Name of Activity	Menstrual Underv	vear				Date	March 202	20
Location	Kawakawa/Moerewa	a and outer rur	al areas			Time		
Will there be a cha	arge for the pub	lic to atten	d or participate in the p	roject or o	event?		☐ Yes	⊠ No
If so, how much?								
Outline your acti	vity and the se	rvices it v	vill provide. Tell us:					
• Who	will benefit from	the activi	ty and how; and					
• How	it will broaden t	he range c	of activities and experien	nces avai	lable to	the co	mmunity.	
To protect and preve	nt whanau from the	spread of C	OVID19, urgent community s	support is n	eeded in	the Sout	hern Bay of	Islands; in particular
Moerewa, Kawakawa ar	nd surrounding areas.	Support will ne	ecessarily be prioritised for vuner	able whanau	suffering	low incom	e and poverty.	
The specific area whi	ich Tukau can imm	ediately assis	st, and where we have identi	fied a gap,	is the pro	vision of	reusable sa	nitary products. Our
local response to COVIE	D19 is to provide the p	opular and effe	ective reusable period underwear	r to women a	nd girls. F	Period und	lerwear is parti	cularly good for women
and girls who are not	yet confident to us	e other reusa	able products like menstrual	cups. The p	provision	of reusal	ole underwea	ar prevents the need
for women and girls to le	eave home during the	Level 4 Lockde	own to buy sanitarty products, re	duces waste	, and also	reduces th	ne need for sca	arce financial resources
to be spent on sanitary p	oroducts; thereby leav	ing more mone	ey in families for food and other e	ssential item	IS.			
Each women requires fo	our pairs of reusable u	nderwear to m	anage her period. Through an o	n-going partr	nership wit	h MYCUP	NZ LTD, perio	od underwear is provided
at the cost of product	ion. Please see att	ached quote.						
To ensure the safety	of all involved, all c	ommunity ac	ctivities will be carried out in a	accordance	with Lev	el 4 Gov	ernment rest	rictions. Essential
services including St Joh	hn have offered to ass	ist in delivering	g the support into homes. Where	possible we	will ensur	e this sup	port is channe	lled through coordinated
local responses to avoid	duplication and doub	le handling.						

He aka eke noa - We are in this together.



# **Application Form**

#### **Project Cost**

Provide a detailed costs estimate for the activity. Funding requested may not exceed 50% of the total cost.

<u>Total Cost</u> - provide the **total** amount of the estimated quoted cost against the appropriate item.

<u>Amount Requested</u> - 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>		
Administration (incl. stationery/copying)		
Equipment Hire		
Equipment Purchase (describe)		
Utilities		
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)		
Refreshments		
Travel/Mileage		
Volunteer Expenses Reimbursement		
Wages/Salary		not applicable
Volunteer Value (\$20/hr)		not applicable
Other (describe)	\$3000 (raised in donations/koha)	\$3000 to contribute to the purchase of half the cost of period underwear for BOI/Whangaroa area.
TOTALS	\$3000	\$3000

<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**

Is your organisation registered for GST?	Yes	□ No GST Numb		123-134-508
How much money does your organisation co	\$5	58,000 main account		
How much of this money is already committ	Al	Il is committed for specific purposes		

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

Purpose	Amount
Main account - Funds tagged for staff wages, administration and clothing costs	
Term Deposit accounts - 2 x accounts with \$15,000 in each	
Term Deposit accounts - 4 x accounts with \$10,000 in each	
TOTAL \$138,000	

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

Funding Source	Amount	Approved
		Yes / Pending

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

Purpose	Amount	Date	Project Report Submitted		
Menstrual cups BOI/Whangaroa	\$6250	Feb 2018	Y / N		
Menstrual cups Kaikohe/Hokianga	\$6250	Feb 2018	Y / N		
Kawakawa/Moerewa Community Dinner	\$5000	Dec 2018	Y / N		
Kawakawa/Moerewa Community Dinner	\$2500	Dec 2019	Y / N		



## **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)

Tukau Community Fund

#### 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 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

	,
Season-Mary Downs	Chelsea Terei

Signatory Two

www.fndc.govt.nz | Memorial Ave, Kaikohe 0440 | Private Bag 752, Kaikohe 0440 | funding@fndc.govt.nz | Phone 0800 920 029

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	Season-Mary Downs		Positio	n Kaiv	whakah	aere	
Postal Address	91 Hupara Rd, RD2, Kaikohe					Post Code	0472
Phone Number	021-885-211	Mobile Nu	ımber	)21-885-2	211		
Signature	San			Date			
Signatory Tw	<b>V</b> O						
Name	Chelsea Terei		Positio	n Kaiv	vhakaha	aere	
Postal Address	91 Hupara Rd, RD2, Kaikohe					Post Code	0472
Phone Number	021 111 1967	Mobile Nu	umber	)21 111	1967		
Signature	botterei.			Date			