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 Community Development team at freephone 0800 920 029, or funding@fndc.govt.nz – 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	Whangaroa Health Services Trust	Number of Members	500
Postal Address	180 Omaunu Road, Kaeo	Post Code	0479
Physical Address		Post Code	
Contact Person	Rachel Palmer	Position	Funding Project Manager
Phone Number	09 4050355	Mobile Number	0211564822
Email Address	rachel@whst.org.nz		

Please briefly describe the purpose of the organisation.

WHST provides a range of activities to improve the health and wellbeing of the residents of the Whangaroa ward and encourage our people to be pro active in preventing ill health.

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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	The Pa fitness equipment	Date	Mon- Friday
Location	The Pa, Kaeo	Time	Ongoing

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.

The Pa community fitness center based in Kaeo has over 400 people attending each month. With an average of 38 people attending per day.

Our community can arrange either a personalised training programme with our Community Impact team leader Gary and have a programme tailored to your own wellbeing needs.

Attend a specialised low impact fitness class with our physiotherapist Carey, for those with physical ailments, diagnosed with health conditions or need rehabilitation.

The community can use our facilities with open sessions during the day time and use a range of our equipment in their own time or our people can attend a group fitness classes in the evening that is are run by community groups, including, Boxing, Tai Chi, BJJ or 405 circuits.

The Pa opened 4 years ago and was donated a range of equipment, in 2020 we are upgrading our equipment to serve a wider range of fitness outcomes for our community. This application is for a new range of exercise equipment that will expand the opportunities we can offer and increase the diversity of activities on offer at the PA.

We have already seen a wide range of personal benefits to our members, these have included but not limited to, weight loss, increase mobility and flexibility, increase in wellbeing from increased self esteem and confidence, improved moods and self worth.

The equipment requested will greatly improve the variety and isolation work for both the classes and individuals training at The Pa. it will also be complementary to existing equipment and is designed for space saving benefits.

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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	$20,000	0
Advertising/Promotion		
Facilitator/Professional Fees[2]		
Administration (incl. stationery/copying)		
Equipment Hire		
Equipment Purchase (describe)	1739	1739
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)		
TOTALS	21739	1739

[2] 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 Number 62234060

How much money does your organisation currently have? 898,713

How much of this money is already committed to specific purposes? 898,713

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

Purpose	Amount
Aged Care Services operational costs	
Rural Health Services operational costs	
The Pa operational Costs	$100,000
TOTAL	

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

Funding Source	Amount	Approved
Rural Contract	100,000	x Yes / Pending
		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
Water dispenser for the Pa	$799	March 2020	yesY / 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)

Whangaroa Health Services 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

Signatory One

Signatory Two

Rachel Palmer

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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	Kevin Clark	Position	General Manager
Postal Address	180 Omauru Road, Kaeo	Post Code	0479
Phone Number	09 405 0355	Mobile Number	027 250 2462
Signature		Date	28-9-2020

Signatory Two

Name	Rachel Palmer	Position	Funding + Project Manager
Postal Address	15 Lewers Road	Post Code	
Phone Number	09 405 0355	Mobile Number	0211564822
Signature		Date	28-9-2020

Schedule of Supporting Documentation

Whangaroa Health Services Trust – The Pa Fitness Equipment

The following supporting documentation has been provided in support of the grant application and is emailed under separate cover.

1	ASB Bank Statement 31 August to 12 September 2020
2	Profit and Loss for the 11 months ended 31 May 2020
3	Balance Sheet as at 31 May 2020
4	Balance Sheet as at 30 June 2020
5	Profit and Loss for the year ended 30 June 2020
6	Summary of Quotes – Sports Equipment
7	Quote – NZ Boxer Ltd
8	Quote – BestDeal
9	Quote – Olympic Bar
10	Quote – HART Sport
11	Quote – NZ Boxer Ltd
12	Quote – Torpedo7
13	Quote – REBEL Sport
14	Information Pamphlet