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 <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 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 <u>funding@fndc.govt.nz</u> we're happy to help.

• Send your completed form to funding@fndc.govt.nz or to any Council service centre The following <u>must be submitted along with this application form:</u>

- 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	Kawakawa Hundertwasser Charitable Trust			Numbe	er of Member	s 8
Postal Address	3 Wynyard Street, Kawakawa				Post Code	0210
Physical Address	as above				Post Code	
Contact Person	Laurell Pratt		Position	trus	stee	
Phone Number	02102457571	Mobile Nu	umber			
Email Address	laurell.pratt@gmail.com					

Please briefly describe the purpose of the organisation.

Passionate group that endeavours to deliver community led outcomes in Kawakawa. With a special affinity for the relationship with Frederick Hundertwasser & the legacyhe left in our town. And bringing our cultures together.



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Project Details

Which Communit	ty Board is your	organis	ation applying to (see	map Sch	nedule A)?		
	Te Hiku		Kaikohe-Hokianga	\square	Bay of Island	ls-Whang	aroa
Clearly describe	the project or ev	ent:					
Name of Activity	Te Hononga Hub Office Placemaking Project			Date	September	2021	
Location	Te Hononga Atea, Gilli	es Street, I	Kawakawa		Time		
Will there be a cha	arge for the public	to atten	d or participate in the pr	oject or e	event?	□ Yes	🗹 No
If so, how much?							
Outline your activ	vity and the serv	ices it w	vill provide. Tell us:				
• Who	will benefit from th	ne activit	ty and how; and				
• How	it will broaden the	range o	f activities and experien	ces avail	lable to the co	nmunity.	
We are seeking funding	g for the development of	the Hub of	fice on the Atea. This is to conve	rt the existir	ng old bank vault or	the Atea into	a ticketing office and
			to book in and guide visitors to t ntage Railway, Te Hononga, Pou				

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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 ²			
Administration (incl. stationery/copying)			
Equipment Hire			
Equipment Purchase (describe)			
Utilities			
Hardware (e.g. cement, timber, nails, paint)	72,000 (labour	& materials)	\$4000 or whatever you can grant us
Consumable materials (craft supplies, books)			
Refreshments			
Travel/Mileage			
Volunteer Expenses Reimbursement			
Wages/Salary			not applicable
Volunteer Value (\$20/hr)	42,000		not applicable
Other (describe)			
TOTALS	30,000		4,000 or whatever you can grant us

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 Numb	ber	104-124-879
How much money does your organisation currently have?					
How much of this money is already committed to specific purposes?					nave \$21k of accounts receivable)

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

Purpose	Amount
Artists, building elements	\$100,000
TOTAL	

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
			Y / N
			Y / N
			Y / N
			Y / N

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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 Hundermasser Memorial Park 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

M. Shepherd

Signatory Two

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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	Noma 5. Shepherd. Position Chair
Postal Address	& Neumann St Kawakawa Post Code 0210
Phone Number	094040556 Mobile Number
Signature	1 Rhepherd Date 5/8/21
Signatory T	WO
Name	Shirley Bradshaw Position Treasurel
Postal Address	18 Station Rd, Kawakawa Post Code 0210
Phone Number	09 404 0450 Mobile Number 0211 724 162
Signature	Brown Date 5/8/2021
ww.fndc.govt.n	nz Memorial Ave, Kaikohe 0440 Private Bag 752, Kaikohe 0440 funding@fndc.govt.nz Phone 0800 920 (
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Schedule of Supporting Documentation

KAWAKAWA HUNDERTWASSER CHARITABLE TRUST

(TE HONONGA HUB OFFICE PLACEMAKING PROJECT)

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

1	Quote – HE Harnett Building Co Ltd. X 1 page
2	Te Hononga – Hub Office, Placemaking Project (Business Case) x 1 page
3	A3 Hawthorn Landscape Architects Concept Design (Atea Entranceway) x 4 pages
4	A4 Avail Pacific Concept Design (ticketing booth) x 4 pages