

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:

X	Quotes (or evidence of costs) for all items listed as total costs on pg 3
X	Most recent bank statements and (signed) annual financial statements
X	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 Number of Members Organisation Stage Door Theatre Group 28 Edkins Road, Kerikeri 0230 Postal Address Post Code Post Code Physical Address as above Tim Crawley President Position **Contact Person** 021 249 4780 021 249 4780 Phone Number Mobile Number timstef@outlook.co.nz **Email Address**

Please briefly describe the purpose of the organisation.

Stage Door was set up in 2018 to produce and present plays and shows for public audiences. Casts include young and old of all enthicities from local people.



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Project Details

Which Communic	for December 15 and 15		-4	l. d			10		
Which Communit	Te Hiku	organis						lo \A/b on a d	
Clearly describe		_	Naikone	-Hokianga		Bay of	isiand	ls-Whanga	aroa
Clearly describe	the project or eve	ent.							
Name of Activity	Beauty and the Be	east mus	sical				Date	29/8/22 t	to 11/9/22
Location	The Turner centre	e, Kerike	ri				Time	various	
Will there be a cha	arge for the public	to atten	d or partic	ipate in the	project or	event?		☑ Yes	□ No
If so, how much?	Adults \$35, Studen	nts \$30, F	amily \$95,	children \$2	0.				
Outline your activ	vity and the servi	ices it w	ill provid	e. Tell us					
	will benefit from th				iences ava	ilable to t	he cor	nmunity.	
Beauty and the beast is a well known and loved musical show. It has music, singing, dancing and acting that will extend the cast and entertain the community. It has parts for adults and children so we have a good mix of community involvement. The set and costumes are complicated and we are using local providers to help us construct these items.									
We are also planni attending these she	ing that two of the slows to make it poss	hows will sible for a	be specific wide appe	cally for sch	ools in the Fea.	ar North d	listrict.	We will disc	
dancing and acting	members will get the g. Stage Door alread ral others who are k	dy has ha	d two peop	ole admitted					
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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.

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	22,153	0
Advertising/Promotion	5,000	0
Facilitator/Professional Fees ²		
Administration (incl. stationery/copying)	150	0
Equipment Hire rights, script hire, rehearsals	12,000	0
Equipment Purchase (describe)		
Utilities props, make up	1,385	0
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)	15,250	0
Refreshments		
Travel/Mileage		
Volunteer Expenses Reimbursement	3,000	0
Wages/Salary		not applicable
Volunteer Value (\$20/hr)		not applicable
Other (describe) lighting costs	5,284	5,284
TOTALS	64,222	5,284

² If the application is for professional or facilitator fees, a job description or scope of work must be attached.



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☐ Yes	□ No	GST Numbe	r	
rently have	e?		10,320	
to specifi	ic purposes	?	9,000	
	rently have	rently have?	rently have?	rently have? 10,320

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

Purpose	Amount
Future production of pantomime Treasure Island - December 2022	9,000
•	
TOTAL	9,000

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

Funding Source	Amount	Approved
Foundation North - venue hire	19,653	xes / 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		
Sleeping Beauty	1,500	29/11/2019	yesY / N		
Wizard of Oz	2,500	March 2020	yes 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)

The Stage Door Theatre group

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 gov-
- 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.
- 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.
- 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

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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	Timothy Charles Crawley	Position	President		
Postal Address	28 Edkins Rd, Kerikeri		Post Code 0230		
Phone Number	09 407 1333	Mobile Number 02	21 249 4780		
Signature	fir.		Date 1/5/2022		
Signatory Two					
Name	Miriam Collins	Position	Director		
Postal Address	12 Kotare Heights		Post Code 0230		
Phone Number	021 687 027	Mobile Number			
Signature			Date 01/05/22		

Funding Application from Stage Door

Schedule of Supporting Documentation

Document	Title
1	Turner Centre Letter of Support
2	Turner Centre Risk Assessment
3	Event Budget
4	Lighting Quote (BellTech)
5	ASB Statement
6	Stage Door Performance Report