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 <u>www.fndc.govt.nz</u>
- 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</u> 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 NA
- 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

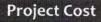
Applicant details

Organisation	B-O.I Animal Rescie Thirt Number of Members 5
Postal Address	C/O 52 Gillies Street Post Code 0210
Physical Addres	Kawakawa Post Code
Contact Persor	Kate Moroney Position Secretary.
Phone Number	094040842 Mobile Number 021 084 81036.
Email Address	Secretary @ boi animal rescue . org. NZ.
Please briefly	describe the purpose of the organisation.
To r anim	rouide Care & Shetter & rehaning of unuersed rals, to educate our community & desers as meny
ww.fndc.govt.nz	Memorial Ave, Kaikohe 0440 Private Bag 752, Kaikohe 0440 funding@fndc.govt.nz Phone 0800 920 😜
A2686814 (versi	on Sept 2018) Page 1

Project Details

Whic	h Communit	y Board is you	r organis	sation applying to	o (see map	Schedule	A)?		
		Te Hiku		Kaikohe-Hokiar	nga 🕻	Bay	of Island	s-Whanga	aroa
Clea	rly describe	the project or e	vent:						
Nam	e of Activity	Desex	ang	Scheme	2022		Date	ong	joing.
Loca	tion	B.O.iv	vets				Time		
Will t	here be a cha	rge for the publ	ic to atter	nd or participate ir	the project	or event?		□ Yes	No
lf so,	how much?								
Outli	ne your activ	ity and the ser	vices it v	will provide. Tell	us:				
	• Who	will benefit from	the activ	ity and how; and					
	• How	t will broaden th	ie range o	of activities and ex	xperiences a	vailable to	the con	nmunity.	
	B.O.I	- Animal	Res	sae have	offere	ed a	fre	e d	opening
	Schene	to per	ople	who have	e dos	ni c	OL.	r con	munity
	for	sevent	yeer	J NOW.	The	Cost a	¥ 0	1 5	ey is
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	have	rentered) Commun	5 0		hir	hes	CONT
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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		
Advertising/Promotion		
Facilitator/Professional Fees2		
Administration (incl. stationery/copying)		
Equipment Hire		
Equipment Purchase (describe)	A STATES	
Utilities		
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)		
Refreshments		
Travel/Mileage		
Volunteer Expenses Reimbursement		
Wages/Salary	a Pari a Na Mariana	not applicable
Volunteer Value (\$20/hr)		not applicable
Other (describe) 100× desexing 2 vaccinctions	\$21,000.	\$21,000.
TOTALS	\$21,000.	\$21,000.

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

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A2686814

Local Grant				R
Application Form				
Financial Information				
Is your organisation registered for GST?	P Yes	No	GST Number	
How much mcney does your organisation of	currently hav	e?		\$17,710.71
How much of this money is already commit	ted to specif	ic purposes	? F	III of it.,

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

Purpose	Amount
Vet Bills, vehichle Casts,	
Petrol, Vehide maintencice	年17,710,71.
s on road casts.	
TOTAL	SI7, 710 71,

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

Funding Source	Amount	Approved
		Yes / Pending
14		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
Barkin the Park 2021	NOT SUR SOM?		Y / N
Barkinde Park 2019.			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, car, ot 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:

Of

In submitting this application:

Bay

 We have the authority to commit our organisation to this application and we have been duly authorised by our governing body.

ISlands Animal

- 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

6 Hoperes

Signatory Two

Rescure -

Trust

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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.
- To spend the funding only for the purpose(s) approved by Far North District Council unless written approval for a change 3. 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 à 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.
- To inform the Far North District Council of significant changes in our organisation before this application has been 9. considered, or the funding has been fully used and accounted for (such as change in contact details, office holders, financie. 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 misappro, riated.

Signatory One

0.0	
Name	Kate Moroney Position Secretary.
Postal Address	27 Johnston Road, Kawakawa Post Code
Phone Number	094040842. Mobile Number 021 084 810 36.
Signature	Ale Moreney Date 6/5/22
Signatory T	wo
Name	Summer Johnson Position Chair Person.
Postal Address	29 Sellement Road, Kawakawa Post Code
Phone Number	Mobile Number 021 022 06951.
Signature	MMMMMMM Date 6/5/22
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A2686814	(version Sept 2018) Page 6

Funding Application from Bay of Islands Animal Rescue

Schedule of Supporting Documentation

Document	Title
1	Cover Letter
2	Background Information
3	Monthly Report
4	Bank Statement
5	Quote for Desexing Scheme