



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	i torm:
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V	Quotes (or evidence of costs) for all items listed as total costs on pg 3
V	Most recent bank statements and (signed) annual financial statements
V	Programme/event/project outline
V	A health and safety plan
	Your organisation's business plan (if applicable)
\checkmark	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 ROTARY CLUB OF BAY OF ISLANDS Number of Members Organisation 26 PO BOX 585, PAIHIA Postal Address Post Code 0200 10 CAPTAINS LOOP. HARURU Post Code Physical Address 0204 Don Ruskworth Position DIRECTOR COMMUNITES **Contact Person** Phone Number 0274907841 Mobile Number 0274907841 drushworthagmail.com **Email Address**

Please briefly describe the purpose of the organisation.

TO ENCOURAGE AND FOSTER SERVICE TO OUR COMMUNITY AS A WORTHY ENTERPRISE DIRECTING-PROJECTS TOWARDS YOUTH PEACE AND INTERNATIONAL COOPERATION.

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



Application Form

Project Details

Which Communit	y Board is your o	ganisa	ation applying to (see	map Sch	edule A)?		
	Te Hiku		Kaikohe-Hokianga		Bay of Island	s-Whangar	ра
Clearly describe t	the project or ever	rt:					
Name of Activity	BAYOF	ISLA	NOS ADTARY É	hour L	2cm Date	22 na/	2 10802,2021
Location	HOROTUTU	, Par	MABFACH, TIBE	THEN!	Bay Time	FROM 1	0:00 am
Will there be a cha	irge for the public to	atten	d or participate in the pr	oject or e	vent?	Yes	□ No
If so, how much?	FAMILY 9/4	o, Ale	DULT 960 STUD	ENT \$4	15, GIII) 9	40 luns	595 FREE)
		-	ill provide. Tell us:			,	
• Who	will benefit from the	activit	y and how; and				
e Howi	it will broaden the r	ange o	factivities and experien	ces avail	able to the con	nmunity	

PARTICIPANTS WILL RUN/WALK IN A FAMILY FUN RUN DRESSED IN
COLDUREUL COSTUMES AND DURING THE RUN WILL RUNTHROUGH
COLOUR STATIONS MANES BY LOCAL BUSINESSES.
COLDURED POWER, IN THE FORM OF COLOURED CORN STARCH WILL
BE DESURSED ALONG THE ROUTE AT THE START, QURING THE
RUN AND ATTHE FINISH.
THE RUN ROUTE WILL START AT THE PAINIA 1-SITE, HEAD SOUTH
TO THE SOUTHERN END OF PAILHIA BEACH TURN AROUND AND
RETURN ON PRIMINGENCY, PAST THE START TO HORDINGUE BEACH,
AROLLOS PAS HIM BLUFE THEN ACOND TI GEACH TO THE TURN AROLLS
POINT JUST GERGRE WAITAND BRIDGE, THEN RETURN TO THE
STARTING PONT AT AT THE PRINIA 1-SITE.
PARTICIPANTS FINISHING WILL SEPOSIT THEIR NAMES WRISTERMON
INTO A POT AND THERE WILL BE PAIZES SARWIN FROM
THE POT FOR THOSE WHOLE WAME IS SRAWN.



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.

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	<u>CSC.</u>	
Advertising/Promotion (SIGNAGE)	1139	1139
Facilitator/Professional Fees ²	338	
Administration (incl. stationery/copying)	120	120
Equipment Hire		
Equipment Purchase (describe) Consumable Coconp. Toos AND EVENT IN FRASTRUCTURE.	4500	
Utilities		
Hardware (e.g. cement, timber, nails, paint)	So	80
Consumable materials (craft supplies, books)	1570	1570
Refreshments	,	
Travel/Mileage		
Volunteer Expenses Reimbursement		
Wages/Salary		not applicable
Volunteer Value (\$20/hr)		not applicable
Other (describe)		
TOTALS	7747	2909

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



Application Form

Financial Information					
Is your organisation registered for GST?	☐ Yes	☑ No	GST Number		~
How much money does your organisation cur	rrently hav	re?	1	16, 6.89	@30/0/22
How much of this money is already committed to specific purposes?			\$	7,000	

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

Purpose	Amount
\$1,000 is Renkes finds towards and	\$1,000
changeover carelinary	
induly dictionaries in your 4 shoots	\$1,600
other shoots	\$4,400
TOTAL	

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

Funding Source	Amount	Approved
Chib Fundo - Equipment	4500	Yes / Pending
Chib Fundo - Equipment PA System	728	
		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
	0		Y / N
			Y / N
			Y / N
C			Y / N



Application Form

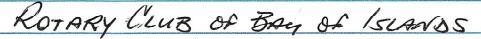
Privacy Information

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)



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.
- 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

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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).
- 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 DON RUSHWOTH DIRECTOR, COMMUNITIES Position Name 10 CAPTAINS LOOP HARURU Postal Address Post Code Phone Number 4907841 Mobile Number Signature Date Signatory Two Treasurer Position CHRIS VILLIATE Name HALYARA LOOP, HARVEY Postal Address Post Code 0204 Phone Number 427000 Mobile Number Signature Date

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Funding Application – Bay of Islands Rotary Club Schedule of Supporting Documentation

Document	Title
1	Course Map
2	Quote - Signs
3	Quote – Medals
4	Health and Safety Plan
5	Balance Sheet
6	Bank Statement