

- www.fndc.govt.nz | N Please see Section 1 of the application if you have the information you need at your fingertips. He 0440 | Private Bag 752, Kaikohe 0440 | ask.us@fndc.govt.nz | Phone 0800 920 029 to ensure you are eligible.
- All applications submitted 15 clear working days prior to the Community Board meeting where the application will be considered. Deadlines dates are on Council's website
 - 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 Governance team at DDI (09) 401 5231, freephone 0800 920 029, or – we're happy to help.
 - Send your completed form to governance@fndc.govt.nz or to any Council service centre

- ☐ 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

Kaikohe Service Centre
30 APR 2019

Organisation: Villa E. i Number of Members: _____

Postal Address: 1A Recreation Road, Kaikohe Post Code: 0405

Physical Address: 1A Recreation Road, Kaikohe Post Code: 0405

Contact Person: Ian Gaalen Position: Operations Manager

Phone Number: 09 4010 816 Mobile Number: 022 350 8960

Email Address: info@oneervilla.co.nz

Please briefly describe the purpose of the organisation.

To provide a unique and educational museum experience, promote, preserve and make accessible our heritage. Encourage a sense of belonging and

nt. ~~Travel~~ ^{Cost} is for professional or facilitator fees, a job description or scope of work must be attached.

Total Cost - provide the ^{es, books} ~~total~~ ^{amount} of the estimated quoted cost against the appropriate item.

(version Sept 2018)

Requested - provide (against the item) the amount the Board is being requested to co

Travel/Mileage

Volunteer Expenses Reimburseme

le quotes (or evidence of costs) for everything listed in the total costs column

Wages/Salary

f your organisation is GST registered, all requested amounts must be GST exclusive.

Volunteer Value (\$20/hr)

er cents – round the values up or down to the nearest dollar

Other (describe)

Installation

ign (\$) – just enter the dollar value

6650 = 00.

- If you are applying for operating costs of a programme, please attach a programme outline

TV

Rent/Venue Hire

Advertising/Promotion

Facilitator/Professional Fees²

Administration (incl. stationery/copy

220 . 00

Equipment Hire

Equipment Purchase (describe)

11 400 . 00.

- coffee machine + grinder
(Southern Cross tablets)

Utilities

09 4010 16 (*bin 12 months* Mobile Number *022350 89 011 697 2*

3. To *for the* *purp* Council *written approval* for a c
of purpose(s) is obtained in advance
4. To return to *!!* do not spend. If our payment includes
we will retur *!!*
5. To acknowledge the receipt of (*ir accounts, or in a note to our acc*
in our organisation's annual rep
6. To acknowledge any financial contribu *signage and in any publicity relating t*
project. Co *ance Support*
7. To make av *es or n* nding for inspection if requested by th
North District *its auditors*

www.1 T *te ar* a Pr *Repr* e project, or, if the activity is ongoing,
eing spent. Applicants who fail to provide a project report within this timeframe will not
stand-down period of five years.

trict Council of significant changes in our organisation before this application has been
as been fully used and accounted for (such as change in contact details, office holders
to wind *unincrease operations, or, any other significant event*)

Pr *ir* To lay a complaint with the
misappropriated.

Signatory One

Name *!! van*

Postal Address *21*

Phone Number

Signature

Signatory Two

Name

Postal Address

Phone Number

Signature