

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.

The following *must* be submitted along with this application form:

- 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 governance@fndc.govt.nz 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

⊔ Sign	ed declarations on pgs 5-6 of this form
Applicant d	etails (1997) and the state of
Organisation	Youth I'm Analand Number of Members 15,000
Postal Address	POBOX 8670, Sympres & Graffin AndVar Post Code 1150
Physical Address	13 Maidstre St, Chey Lynn, Anellard Post Code 1120
Contact Person	Creoff Lawson Position Funding Coordinator
Phone Number	021727004 Mobile Number 021727004
Email Address	geoffa youthline w.nz
Please briefly de	escribe the purpose of the organisation.
Palhtin	e is a youth support and doublopment



Application Form

Project Details

. high Community Roard is your organization applying to (see man Schodule A)?

wnich Commun	ity Board is your or	ganis	ation applying to (see map 5	cneau	ule A)?
	Te Hiku		Kaikohe-Hokianga □] Ba	ay of Islands-Whangaroa
Clearly describe	the project or ever	ıt:			
Name of Activity	Mouthlin	6	Helpline		Date Every day
Location	Even	4-1	there		Time anytine
Will there be a ch	arge for the public to	atten	d or participate in the project o	r event	nt? ☐ Yes ☑ No
If so, how much?					

Outline your activity and the services it will provide. Tell us:

- Who will benefit from the activity and how; and
- How it will broaden the range of activities and experiences available to the community.
- Youthline Auckland operates a free, 24/7 national Helpline for young people in need. Last year we received 142,000 texts, calls and emails through the Helpline which is staffed by over 200 volunteer counsellors.
- Many of the young people who contact us are disillusioned, disengaged and desperate. They are growing up in a rapidly changing world and dealing with many challenges which often leave them feeling shut off from the world and believing that there is no way out of their situation.
- Last year we worked with 41,000 individual young people. We link them with the help they need and we offer support services and positive role models to encourage, motivate and inspire young people to reach their full potential and create a resilient community.
- An estimated 420 young people aged 15-24 years contacted us from the Kaikohe-Hokianga area. There are 1,980 15-24 year olds living in the area which means that 1 in 5 of young people in your area contacted us for help.
 - In this digital world, phone, text and online are key means of connecting with young people. So it makes no difference if the young person is in Rawene and the counsellor is in Auckland or Invercargill. We counsel and refer. We encourage the young person to connect with support in their community. We provide information regarding services available in their town. We work collaboratively with local support agencies in your towns to provide the right sort of care for these vulnerable young people. Often we are the only service a young person in a rural area will have access to that is free, anonymous and accessible on a youth-friendly platform.

We are working with complex issues. More young people are presenting with mental health issues than ever before. And of these, more are presenting with suicide issues than ever before.

We expect a similar level of contact in the ensuing year.



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.

<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		1
Facilitator/Professional Fees ²		
Administration (incl. stationery/copying)		
Equipment Hire		
Equipment Purchase (describe)		
Utilities		
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)		
Refreshments		
Travel/Mileage		
Volunteer Expenses Reimbursement		
Wages/Salary		not applicable
Volunteer Value (\$20/hr)		not applicable
Other (describe) Telecommunications - Test Visine, VOTP	\$100,100	\$2,293
TOTALS		

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

Youthline Helpline Budget FY2020

Direct Costs

	Budget	Kaih	oke Hokianga
	 FY2020		Share
Costs			
Facilities Costs	\$ 5,200	\$	15
Administration Costs		\$	-
Organisation & Management		\$	-
Support Services - Clinical Supervision	\$ 37,920	\$	111
Service Delivery - Volunteer Training Services	\$ 70,500	\$	207
Volunteer Resources	\$ 4,000	\$	12
Salaries - Triage Clinical support	\$ 254,572	\$	748
Salaries - Volunteer Manager	\$ 87,630	\$	258
Contract Staff - Triage	\$ 22,500	\$	66
Staff Development	\$ -	\$	-
Telecommunications Costs	\$ 100,100	\$	294
Promotion & Communications	\$ 32,000	\$	94
Travel & Vehicles	\$ -	\$	-
Social Enterprise Costs		\$	-
Fundraising Expenses	\$ 157,000	\$	462
Youthline National	\$ 8,400	\$	25
Expenses Total	\$ 779,822	\$	2,293

Youthline Application	\$ 2,293

The share calculation is based on the proportion of young people aged 15-24 years living in the Kaikohe-Hokianga community



Application Form

Financial Information				
Is your organisation registered for GST?	☑ Yes	□ No	GST Number	87528601
How much money does your organisation c	urrently hav	re?		381,743.80
How much of this money is already committee	ted to specit	fic purposes	1? R	afor attachment
				V

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

Purpose	Amount
Helpline Finding	\$16,500
TOTAL	

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

Funding Source	Amount	Approved
Ministry of Youth Development	926608	Yes / Pending
Various And land Council	951,227	Yes / Pending
Southern Trust	\$20,000	Yes / Pending
Blue Sky Community Fingt	\$ 10,000	Yes / Pending
The Kingtomfoundation	710,000	Yes / Pending

Please state any previous funding the organisation has received from Council over the last five years:

Amount	Date	Project Report Submitted
\$2466.84	Feb 2017	Y / N
Λ		(Y) N
9500:00	tulo 2017	Y)/ N
\$1266.63	Jelo 2017	(Y) / N
	\$2466.84 \$500:00	\$2466,84 Feb 2017 \$500.00 Feb 2017



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:

- 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

regular interioral reporting to every run meeting	9 0 90.0
Signatory-One	Signatory Two
(Smoon)	



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 Creek Lawson Position Funding Coordinator
Postal Address Po Box 8570 Symphals St. Glaston Post Code 1150
Phone Number 021727004 Mobile Number 021727004
Signature Date 6 6 10
Signatory Two
Name John Milsen Position Finance Manager
Postal Address Po Box 8670 Synands St Graffan Ancilland Post Code 1150
Phone Number 09 3766645 Mobile Number 002 344 6980
Signature Date 5019