

donates

## **Application Form**

#### Instructions

#### Please read carefully:

 $\Box$ 

- 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 <a href="mailto:funding@fndc.govt.nz">funding@fndc.govt.nz</a> we're happy to help.
- The following must 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

  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

to the Rawene Hospital

Send your completed form to funding@fndc.govt.nz or to any Council service centre

Applicant details							
Organisation	Rawene Golf Club Inc	٠ ১.		Numbe	r of Members	s [	39
Postal Address	Po Box 21, Rowene				Post Code	0	443
Physical Address	51 De Thierry Street,	Rawene	,		Post Code	0	473
Contact Person	Dixon Tutorc	Posit	tion C	Drgo	MSCV		
Phone Number	094059,418	Mobile Number	0	226	380 8SC	23	
Email Address	mail Address dixonandsophie@outlook.com						
Please briefly describe the purpose of the organisation.							

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



# **Application Form**

Project Deta	ails					
Which Community Board is your organisation applying to (see map Schedule A)?						
	Te Hiku	Kaikohe-Hokianga	☐ Bay	of Island	ls-Whangaroa	
Clearly describe	the project or ever	nt:				
Name of Activity	Hokianga	Galf Fun Day		Date	15th February 20	
Location	Rawene G	bolf Course		Time	9am assemble	
Will there be a cha	arge for the public to	to attend or participate in the p	roject or event?	•	√2 Yes □ No	
If so, how much? Offendance is free - \$40 per team of 4 persons.						
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.

The community of Hokuanga will benefit from this day and
the funds raised for the Hotiangar Hospital.
This is the 10th year the club has ran this tournament.
The time and resources to make this day successful
15 voluntary not only by dub members but hosportau
Staff also. In this time we raised \$13,000 with montes
funding electric lazybay chairs for the palliative and
Maternity rooms, hospital equipment and refurbished
pews for the hospital marge- Golf promotes healthy
fun exercise, team building and most importantly
Community spoirit between the 9 communities of
Hokianga. It is open to all ages and encourages
whoman participation



## **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	150.00	
Advertising/Promotion		
Facilitator/Professional Fees <sup>2</sup>		
Administration (incl. stationery/copying)		
Equipment Hire		
Equipment Purchase (describe) Club + ball hire Hangi coolcer full gas bottle	150 - 00	150-00
Utilities		
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)		
Refreshments + Food	800-00	800-00
Travel/Mileage		
Volunteer Expenses Reimbursement		
Wages/Salary		not applicable
Volunteer Value (\$20/hr)	500-00	not applicable
Other (describe)	- 00	
Green Fee's	500-00	
TOTALS	\$2150-00	\$950-00

<sup>&</sup>lt;sup>2</sup> 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	51 742 257
How much money does your organisation currently have? \$336.57 OD				
-How-much-of-this-money-is-already-committed-to-specific-purposes?				

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

Purpose	Amount
Club account currently in overdraft.	
TOTAL	

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

Funding Source	Amount	Approved		
		Yes / Pending		
		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
Hokianga Galf Fun day	\$600-00	2015	(Y) / N
	\$587-00	2019	Ø/N
			Y / N
			Y / N



## **Application Form**

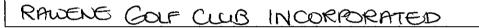
### **Privacy Information**

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.
- 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.
- 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

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Signatory Two

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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.
- 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 Secretan Bonker Position Name isabeth O443 Postal Address Post Code 021 4577 Phone Number Mobile Number Signature Date Signatory Two Mendes Name **Position** Treasurer Rd Due Postal Address WhareKawa Post Code .0211735346 Phone Number 89 4057 Mobile Number 10.01.2020 **Signature** Date

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### **Schedule of Supporting Documentation**

### **Rawene Golf Club Incorporated**

The following supporting documentation has been provided in support of the grant application and is emailed under separate cover.

1	Bank Statement
2	Invoice for Venue Hire
3	Invoice for catering (hangi)