

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.

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

- 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.

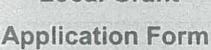
| The following <u>must</u> be submitted along with this application form: | |
|--|--|
| The following <u>must</u> be submitted along with this application form: Quotes (or evidence of costs) for all items listed as total costs on pg 3 (2020) Most recent bank statements and (signed) annual financial statements | |
| ☐ 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 | |
| Applicant details | |
| Organisation Kaikohe Sasing Club Number of Members 19 | ************************************** |
| Postal Address Post Code | |
| Physical Address 1 A Recreation Rd Kaikohe Post Code 0405 | processos so secondo |
| Contact Person Theresia Van Windowson Position Club member | |
| Contact Person Theresia Van Wingerden Position Club member | |
| Phone Number Dal 257 47 39 Mobile Number | Berremoversraneed |
| Thoresia van vingero | Toursensessessesses Theoremsessessesses |
| Phone Number O2/257 47 39 Mobile Number | The second secon |
| Phone Number Oal 257 47 39 Mobile Number Email Address | Processors of the second secon |
| Phone Number Oal 257 47 39 Mobile Number Email Address | and the second s |



Application Form

Project Details

| Which Commun | ity Board is your o | rganisation | applying to (see | e map Sch | nedule A)? | |
|---|-----------------------|----------------|--|-----------------------|-----------------|------------------------|
| | Te Hiku | ☑ Kai | kohe-Hokianga | | Bay of Islan | nds-Whangaroa |
| Clearly describe | the project or eve | nt: | | | | |
| Name of Activity | Sewing | skils | course | | Date | TBC |
| Location | Pioneer 1 | lillage | Kaikohe | | Time | TBC |
| Will there be a ch | arge for the public t | o attend or p | participate in the p | project or e | event? | ☑-Yes ☐ No |
| If so, how much? | \$35:00 | | - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | |
| Outline your act | ivity and the servi | ces it will p | rovide. Tell us: | | | |
| • Who | will benefit from th | e activity and | d how: and | | | |
| | it will broaden the | | | ences avai | lable to the co | ommunity. |
| | | | | | | |
| This course | will provide th | e people | of the Hokia | nga and | d Kaikohe | community with the |
| | techniques. | ng, includ | aing machine | e use, m | naintenan | ce and a variety of |
| | | nger tau | ght at our lo | cal scho | ols. Learn | ing these skills, will |
| give basic ki | nowledge on h | ow to alt | er, flx and m | rake clo | thes to fit | their body shape. |
| This will hav | e a significant | effect or | n their physic | cal com | fort and o | verall confidence. |
| in the wider | vill be able to | be run m | iultiple times | throug | hout the y | year in various places |
| | with PVK and | as dema | and grows hr | anch ou | it to other | areac |
| | | | | | | he course, they can |
| | aikohe sewing | | | | | ,, |
| | | | | nysically | distance | d from each other, |
| sewing is a | great way to s | tay in tou | ı ch | 1 1. | | NACTA S. A.S. |
| | | | | | | m. With the current |
| world situation, this generation may need to have them as well. Some club members have their own machines which will be made available to use in | | | | | | |
| addition to the sewing machines purchased to run the course. | | | | | | |
| The \$35 cost for the course will also include a year's membership to the Kaikohe | | | | | | |
| Sewing and | Craft Club. | | | | | |
| With this membership, they will have access to a range of patterns, sewing notions | | | | rns, sewing notions | | |
| and fabric to use for a project of their choosing at no extra cost. As the Kaikohe and Hokianga area doesn't have a sewing shop, this will be of great | | | | this will be of anoth | | |
| | | | | | | vith their sewing. |
| | - pro orecitalli | 5 111C COC | and dild wist | mig to t | Jonatha V | vici cicii sewing. |





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 | \$ 600 | |
| Advertising/Promotion | | |
| Facilitator/Professional Fees ² | | |
| Administration (incl. stationery/copying) | \$ 128 | |
| Equipment Hire | | |
| Equipment Purchase (describe) | | |
| + Consumables | ⁶ 5567.20 | |
| 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) | \$ 4320 | not applicable |
| Other (describe) | | |
| TOTALS | s 10,615.20 | * 5307 60 |

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



Application Form

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|------------------------------|
| nave? |
| ecific purposes? |
| agged or committed (if any): |
| Amount |
| |
| |
| |
| |
| na ec |

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 |
|---------|--------|------|-----------------------------|
| | | | Y / N |
| | | | Y / N |
| | | | Y / N |
| | | | Y / N |



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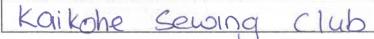
Privacy Information

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, 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 gov-1. erning 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 3. financial documents that demonstrate its ability to manage a grant.
- Individuals associated with our organisation will not receive a salary or any other pecuniary gain from the proceeds of 4. any grant money arising from this application.
- The details given in all sections of this application are true and correct to the best of our knowledge, and reasonable 5. 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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|--------|--------|-----|-------|--|
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Signatory Two

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

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.
- 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 Van Wingerden Position heresia Name member Kaikohe Purd 0405 Postal Address Post Code 20 25 Phone Number Mobile Number≤ 6.7.20 **Signature** Date Signatory Two Edmonds lub Position Name member Kaikohe 0441 Postal Address Post Code Phone Number Mobile Number M2012 Edword Signature Date

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

Schedule of Supporting Documentation

Kaikohe Sewing Club

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

| 1 | Volunteer Hours |
|---|---|
| 2 | Quote – Stitches in Time Itd |
| 3 | Quote – Pioneer Village |
| 4 | Quote – May Park Print |
| 5 | Support Letter – Ann Tapp |
| 6 | Support Letter – Joanne Hammerton |
| 7 | Support Letter – Shayne-Deion Davis-Watling |
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