

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.
- 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 form:

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
$ \sqrt{} $	Programme/event/project outline
\Box	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 Rawene Area Residents Association Number of Members **Organisation** P.O. Box 26, Rawene Postal Address Post Code Post Code ebster St. Rawene Physical Address Position Treasurer **Contact Person** 0212367682 Mobile Number Phone Number Kirstya rarz. co.nz **Email Address**

Please briefly describe the purpose of the organisation.

eserve promote genhance the Rawene township, promote ok a cooperate with local authorities a community groups



Application Form

Project Deta	alls	
Which Communi	nity Board is your organisation applying to (see map Schedule A)?	
	Te Hiku	
Clearly describe	e the project or event:	
Name of Activity	Reprint the publication "Rawene, the Date To be printed As	SAI
Location	past in Pictures" Time	
Will there be a cha	narge for the public to attend or participate in the project or event?	
If so, how much?	The Booklet is for sale to the public at \$8 each	
	tivity and the services it will provide. Tell us:	
• Who	o will benefit from the activity and how; and	
• How	v it will broaden the range of activities and experiences available to the community.	
of the box produced of volun KKhelitokian	were Area Residents Assoc. wish toorganise the Reprint oklet "Rawene, the Past in Pictures". This booklet wo land printed in 2016 with the combined efforts teer expertise and a Community Funding Grant from the Community Board. Klet has been sold in local retail outlets and mail order	15
over the par	ast five years and raised funds totaling \$3,958.00	
These fu	unds are intended for landscape projects in the	
Rawene .	Town Centre.	
In order	to broaden the range of landscape projects in	_
the futu	ive the Association are keen to arrange this	
Reprint.	The sale of this Booklet has definitely enhance	ed
the visito	to broaden the range of landscape projects in we the Association are keen to arrange this The sale of this Booklet has definitly enhance or experience and had positive financial gain for	1
Kawlene 7	Township.	



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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		
Advertising/Promotion		
Facilitator/Professional Fees ²	2,475.00	2,475.00
Administration (incl. stationery/copying)	100,00	Donated
Equipment Hire		
Equipment Purchase (describe)		
,		
Utilities		
Hardware (e.g. cement, timber, nails, paint)	* 	
Consumable materials (craft supplies, books)		4
Refreshments		
Travel/Mileage	200.00	Donated
Volunteer Expenses Reimbursement		
Wages/Salary	p.	not applicable
Volunteer Value (\$20(hr) Approx. Value of	1,500.00	not applicable
Volunteer Value (\$20/hr) Approx. Value of Cefail commission donate Other (describe) Printing quote Subsidised by Artech	700.00	Donated
Redrafting by D. Truscott	300.00	Donated
TOTALS	5,275.00	2,475.00 ex.

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



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Financial Information					
Is your organisation registered for GST?	☐ Yes	☑ No	GST Number		
How much money does your organisation co	urrently hav	/e?		7227.	19
How much of this money is already committe	ed to speci	fic purposes	5?	6841.0	0

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

Purpose	Amount
Community Hui re: Waka 'Hawera' Revegetation Project: 2nd Stage Fundraising total for landscape projects in Rawene Town Centre	590.00
Revegetation Project: 2nd Stage	2293.00
Fundraising total for landscape projects	V
in Rawene Town Centre	3958.00
•	
TOTAL	6841.00

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

Funding Source	Amount	Approved	
		Yes / Pending	
	1 4 1	Yes / Pending	
	11 16	Yes / Pending	
	111	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
Community Hui re: Waka	590.00	2018	3 / N
Community Hui re: Waka Revegetation Project: 2ndstage	2500,00	2019	ਭ / N
3.111		•	Y / N
			Y / N



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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).
- 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 KIRSTY Joiner TREASURER Position Name P.O.BOX 26, Rawene Post Code 0443 Postal Address 021236 Mobile Number 4057631 Phone Number 15 October 2021 Joener Date **Signature** Signatory Two ranne Donald Position Charperson Name Box 53, Rawenl Post Code 0443 Postal Address 027 Mobile Number 319 Phone Number 09 405 7679 15 Oct 2021 Donald Date **Signature**