

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 <u>Community Grant Policy</u> 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 IDIDWING IIIUSI DE SUDINILEU AIDIU WILH LINS ADDIICALIDII IDII	following must be submitted along with this application	n form:
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X	Quotes (or evidence of costs) for all items listed as total costs on pg 3
X	Most recent bank statements and (signed) annual financial statements
X	Programme/event/project outline
X	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 d	etails						
Organisation	Hokianga Community Educational Trust			Numbe	er of Member	rs 8	$\overline{\ \ }$
Postal Address	c/- P.O Box 96 Rawene				Post Code	0443	
Physical Address	48 De Thierry St Rawene				Post Code	0443	
Contact Person	Jessie McVeagh		Position	Manutaki,	Project Coor	dinator	
Phone Number	021 066 7262	Mobile N	umber				
Email Address	jessiemcveagh72@gmail.com						

Please briefly describe the purpose of the organisation.

The purpose of the Hokianga Community Educational Trust to promote and support education for the people of Hokianga and to umbrella organisations whose kaupapa aligns with HCET's. This is an umbrella application.



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Project Details

Which Community Board is your organisation applying to (see map Schedule A)?								
	Te Hiku ☐ Kaikohe-Hokianga ☐ Bay					ds-Whanga	aroa	
Clearly describe the project or event:								
Name of Activity	Community Com	posting Pro	oject		Date	ongoing	9	
Location	Hauora Hokiang	a- Hokiang	a Hospital		Time			
Will there be a charge for the public to attend or participate in the project or event? ☐ Yes ☒ No								
If so, how much?								
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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 Composting project sits within the Ara Rongoa Hikoi Whakaora- Wellbeing Walkway project at Hokianga Hospital. The Ara Rongoa project has developed food gardens, rongoa plantings for use locally, and established native plants and flowers bordering the walkway encompassing the hospital. The project encompasses emotional, spiritual and relationship aspects to health as well as the physical.

The Ara Rongoa project values sustainability and waste reduction as a part of our overall wellbeing: Tiakina te Taiao, Tiaki

Tangata = care for the environment, care for people. This application is for a shredder- chipper, which will enable us to use cardboard and compostable cups and packaging from the hospital and community in our compost system, as well as some green waste such as small branches, elephant grass, bamboo etc...

The Composting project will benefit the people of Hokianga by utilising the waste from the Hospital and community, turning it into valuable nutrients for the community gardens and nursery based at the Hospital. The food we produce in the gardens supplements the hospital kitchen and marae, which caters for everyone in Hokainga, as well as giving kai to local whanau who are in need. The rongoa plants are for Hokianga rongoa practitioners and students. People can access the seedlings we grow when they are available.

Having a shredder will enable us to recycle more waste from our hospital and community, increase the opportunities for Hokianga people to dispose of different types of resources in sustainable ways, and learn the importance of composting. In this way we will also reduce methane and other greenhouse gases as we turn 'waste products' that are dumped, burnt or transported out of the area into a medium that restores the soil and grows food and rongoa for the people. We will run a variety of workshops on-site, including composting courses for people across Hokianga. The ongoing costs of running of the composting project, and the educational courses are funded through the Ara Rongoa project self. CBEC has funded 3 'Carbon Cycle' hot compost bins to create the compost, but we need a shredder-chipper to be able to really make an impact on local waste.



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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			
Administration (incl. stationery/copying)			
Equipment Hire			
Equipment Purchase (describe)	Hot compost bins x 3	\$8,000	
	Shredder -Chipper	\$2,999	\$2,999
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)			
TOTALS		\$10,999	\$2,999

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 Numb	рег
How much money does your organisation cu	\$64,032.01 (HCET)			
How much of this money is already committed to specific purposes?			\$59,001.37	

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

Purpose	Amount
*See attached doc 'Tagged Funds 2021'	
TOTAL	\$59,001.37

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

Funding Source	Amount	Approved
CBEC	\$8,000 approved	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
Nga Hikoi o Hokianga- book	\$2,000	July 2021	Y / N No
Nga Hikoi o Hokianga- book	\$4,316	Aug 2021	Y / N No
			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)

Hokianga Community Educational Trust

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.
- 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

Signatory One	Signatory Two
J.M. Veage L	J. E. Mer?



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	Jessie McVeagh	F	Position	Proje	ct Mana	ager - Manı	utaki
Postal Address	P.O Box 96 Rawene, Far North				P	ost Code	0443
Phone Number	021 066 7262	Mobile Num	ber				
Signature	J.M. ChagL			ate	9.11.	21	
Signatory Tw	/0						
Name	Janine McVeagh	F	Position	Secre	tary		
Postal Address	P.O Box 96, Raswene, Far North				P	ost Code	0443
Phone Number	021 187 1492	Mobile Num	ber				
Signature	J. E. Mer		D	ate	9.11.	.21	

Schedule of Supporting Documentation

HOKIANGA COMMUNITY EDUCATIONAL TRUST

(Community Composting Project)

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

1	Quote for Chipper x 3 pages
2	Budget for Project x 1 page
3	Bank Statement and Transactions x 3 pages
4	Health and Safety Plan x 4 pages
5	Performance Report for Year Ended June 2021