# Local Grant 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 <a href="https://www.fndc.govt.nz">www.fndc.govt.nz</a>
- 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.
- 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:

X	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
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
X	Signed declarations on pgs 5-6 of this form

Applicant d	letails
Organisation	Holianga Sailing Trust Number of Members 50
Postal Address	POBOX 82 Omapere 0444 Post Code 0444
Physical Address	26 Abridon Esplanade Rawene Post Code 0473
Contact Person	René de Vries Position Chairman/Prevident
Phone Number	69 405 88 42 Mobile Number 02102393844
Email Address	devries rene@xtra.co.nz

Please briefly describe the purpose of the organisation.

To showe the joy of scriling and teach the shills needed in the marine environment for the Kalianga youth at no charge.



# **Application Form**

**Project Details** 

Which Communit	y Board is your org	anisation a	applying to (see	map Sch	edule A)?		
	Te Hiku		he-Hokianga	. 🗆	Bay of Island	ls-Whanga	aroa
Clearly describe	the project or even	t:					
Name of Activity	Safety boa		i ling tr	-	Date Time		
Will there be a cha	arge for the public to	10.0	1	5).		☐ Yes	⊠ No
If so, how much?		©	1927 540				
Outline your activ	vity and the service	s it will pro	vide. Tell us:				
1947	will benefit from the it will broaden the ra	3		nces avail	able to the co	mmunity.	
· young	people of t	he Ho	brianga	lean	ring t	o sai	:1
requirement is to have one safety boat per 6 southing boats.  as we have more than 6 sailing boats on the water we are limited at the moment by distance because the second boat is underpowered with an old small outboard. This boat is unable to carry letter passengers or tow. boats being rescued.							



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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 <sup>2</sup>		
Administration (incl. stationery/copying)		
Equipment Hire		
Equipment Purchase (describe)	\$ 3,560.00	\$3,560.00
Utilities	110000000000000000000000000000000000000	
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)	The second secon	
Refreshments		
Travel/Mileage	The second desired the second	
Volunteer Expenses Reimbursement	A designation of the second se	
Wages/Salary		not applicable
Volunteer Value (\$20/hr)		not applicable
Other (describe)	х э	
TOTALS	\$ 3,560.00	\$ 3,560.00

<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	113-822-546
How much money does your organisation currently have?				
How much of this money is already committed to specific purposes?			7,000.00	

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

Purpose	Amount
installation comport and site	\$ 3000,00
installation comport and site preparation.  running costs winter boat main- tenance, out board servicing, troviler separits	\$ 4000,00
tenance, out board servicing	7 7000, 00
TOTAL	

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

Funding Source	Amount	Approved
None		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
life vests	\$ 645.07	29/4/2019	(Y) / N
2 shower heaters	\$1800.00	Oct 2020	Ŷ/N
	1		Y / N
			Y / N





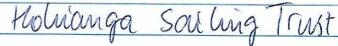
#### **Privacy Information**

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.
- 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.
- 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
1 / du / / / / /	
1 de more:	<u> </u>
www.fndc.govt.nz   Memorial Ave. Kaikohe 0440   P	rivate Bag 752, Kaikohe 9440   funding@fndc govt nz   Phone 0800 920 02

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#### We agree to the following conditions if we are funded by Local Community Grant Funding:

- 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.
- 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).
- 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

orginatory on				
Name	René de Vries Position President			
Postal Address	84 Waihula voud Omapere Post Code 0444			
Phone Number	09 4958842 Mobile Number 021 023 93844			
Signature	/de // Date 03/05/2022			
Signatory Two				
Name	CRAIG JOINER. Position Souting Tutor.			
Postal Address	P.O. Box 26 Rawene 0443. Post Code 0443.			
Phone Number	09 4057631 Mobile Number 021 1487984			
Signature	Date 03/05/2022			

## **Schedule of Supporting Documentation**

## **HOKIANGA SAILING TRUST**

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

1	Quote: Yamaha Outboard Motor – x 2 pages
2	Quote: Yamaha Outboard Motor – x 1 page
3	Bank Statement – x 1 page
4	Statement of Financial Performance as of 31 March 2022 – 2 pages
5	Hokianga Sailing Trust Health and Safety Plans – x 10 pages