#### 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 <u>www.fndc.govt.nz</u>
- · 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 <u>must be submitted along with this application form:</u>

- 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

### **Applicant details**

	2
Organisation	Hokicings Bowling Club Inc Number of Members 25
Postal Address	P.O. Box 170 Post Code 0443
Physical Address	61 Clendon Esplenade, Rawene Post Code
Contact Person	Rob Pink Position President
Phone Number	09 405 7 504 Mobile Number 021 131 7941
Email Address	hokiangaboulingclub gmail. com
Please briefly d	escribe the purpose of the organisation.
Storage	Shed to store Bowling Equipment
J	· · · · · · · · · · · · · · · · · · ·
ww.fndc.govt.nz	Memorial Ave, Kaikohe 0440   Private Bag 752, Kaikohe 0440   funding@fndc.govt.nz   Phone 0800 920 0



Which Communit	v Board is your or	anisa	tion applying to (se	e map Sch	edule A)?	
	Te Hiku					ls-Whangaroa
Clearly describe	the project or even	it:				
Name of Activity	Storage	\$1	ned		Date	30/8/ 2022
Location	Hokianga	Bo	wling Ctub	, Raw	ene Time	nja.
Will there be a cha	rge for the public to	attend	l or participate in the	project or e	vent?	□ Yes □ No
If so, how much?						
Outline your activ	vity and the servic	es it w	ill provide. Tell us:			
	will benefit from the it will broaden the ra		y and how; and activities and experi	ences avail	able to the cor	nmunity.
			is suffic			er for
			VISITORS the		ne to	
Support	the go	me	of Boi	VIS.		
At pre.	sent Bon	sline	3 Equipme	ent i	e. Be	ows
Bowling	Mats o	Score	2 Boards		ellas	etc'etc
cre sto	red in 1	our	Club Ro	ons, 1	which	is taking
up val	uable of	Dale	)		ar dan bina yan kata dan ara dan yan yan.	
-				_		



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)		
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)	1800	not applicable
Other (describe) Storage Shed Build	10, 580	5,580
TOTALS	12,380	5,580

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



Is your organisation registered for GST?	□ Yes	No No	GST Number	
How much money does your organisation cu	rrently hav	e?	88	48
How much of this money is already committe	d to specifi	ic purposes	? 88	48

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

Purpose	Amount
Greens Maintenance.	
Greens Maintenance. 2022/2023 Tournaments	3848
/	
Building of Storage Shed	5000
TOTAL	8848

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

Funding Source	Amount	Approved
Pub Charity	5000	Yes / Pending
i		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
Installation of			Y / N
Computerised Irrigotia	3	Received	Y/N
System	3,000	34/5/2018	Ý I N
1		. 1	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)

Hokianga lep Inc. pulling

## We, the undersigned, declare the following:

In submitting this application:

- 1. 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.
- 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

instup

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.
- 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	I duouments in Ademonstrate its obligato princip - a grant	
Name Rob Pink	Position Preside	nT
Postal Address POBOX 146, Re	BWCNL Post Code	0443
Phone Number	Mobile Number 021 13179	54/
Signature Provide	Date 13-06-c	2022
Signatory Two	, perzon responeito e for Kneping the Anneovi reperdo of the G (regularly mentalified textreeerd (if applicatele)	
Name Chery Il Piniq	Position Treasurer	99 
Postal Address POBOY 146,	Rawene Post Code	0443
Phone Number OG 4057504	Mobile Number	Signatory Or
Signature Couringul,	Date 13/06/20.	22.
vww.fndc.govt.nz   Memorial Ave, Kaikohe 0440	Private Bag 752, Kaikohe 0440   funding@fndc.govt.nz   Ph	ione 0800 920 0
A2686814 (version Sept 2018)	Page 6151	

## Schedule of Supporting Documentation

### HOKIANGA BOWLING CLUB INCORPORATED

## (Storage Shed)

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

1	Quote for the concrete block and shed
2	Photo of 61 Clendon Esplanade, Rawene
3	Treasurers Report as of 26 June 2022