# **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 <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 П Most recent bank statements and (signed) annual financial statements
  - Programme/event/project outline A health and safety plan П 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

T P- AT ALL C	7
Organisation 10 U le Wheke Com	Munity Number of Members
Organisation Te Pû O Te Wheke Com Arts Postal Address C/ Sasha Wilson 3 Ngapua Place	
3 Ngapua Place	Karen Browne
Kaikoba	Position Outreach Workshop,
Phone Number	Mobile Number 0274053444

Please briefly describe the purpose of the organisation.

co-ordinate creative workshops within the well as the rural areas. To provide a safe space exhibit. Everyone is welcome regardless well as challenges. possi ble

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#### Project Details

	Which Commun	ity Board is you	r organisa	ation applying to (see ma	p Sche	edule A)?	
		Te Hiku		Kaikohe-Hokianga		Bay of Islands-Whangaroa	
	Clearly describe	the project or e	vent:				
	il Fries, Li	ies + Alibi	's" - 1	Methamphetamine	E	chibition. Date 16 November	47
akind	g financial	support for	- light	ing and kai.		16 100027100	
				ill 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.

To Po O Te where Community Arts Gallery has extended invitation to Northland Artists to participate in our + Alibis " Exhibition. We are asking for an artistic response that reflects the impact of "P" - methamphetamine hapu and friends. The Exhibition will provide our express emotions, to create conversations solutions. (Previously the Exhibition November 18th but it just wasn't gelling. changed to February 3rd - 6 pm Friday evening thing is flowing. The Galley hopes to create has the "wow" factor; there will be music with delicious kai smells watting The Community Board has supported the ballery previously able to create a functioning kitchen and kit out one galleries with spotlights. We are societing support for the main gallery (spotlights) as well as the Chinese kai contering. wanted 'real' but affordable kai as opposed to Sandwiches and sausage rolls. Many thanks.

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### Project Cost

Provide a detailed costs estimate for the activity. Funding requested may not exceed 50% of the total cost.

Total Cost - 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	200	
Advertising/Promotion/Osign of poster	455	
Facilitator/Professional Fees <sub>2</sub>	300	
Administration (incl. stationery/copying)	100	
Equipment Hire - PA. x 2	150	
Equipment Purchase (describe) 40 × Spot lights 40 × Bulbs	1,516	750
Utilities	90	
Hardware (e.g. cement, timber, nails, paint)	150	
Consumable materials (craft supplies, books)	1500	
Refreshments	2250	1125
Travel/Mileage	8 00	
Volunteer Expenses Reimbursement	100	
Wages/Salary		not applicable
Volunteer Value (\$20/hr)		not applicable
Other (describe)		
TOTALS	7611	1875

<sup>2</sup> 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

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

Purpose	Amount
Rent	200
Advertising / design	455
Advertising / design  Airline tickets - Keynote speaker	500
Consumable materials	1500
Facilitator / Professional Fees	300
TOTAL	2955

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

Funding Source	Amount	Approved
Ngā Toi Rangertira O Acteurou	10,000	Yes / Pending
0	,	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
Electrical work - spotlights/oven	1749	9th Dec 121	Ý / 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)

Te Po O Te Whake Community Arts Gallery and 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 Two

K. J. Beroune Jostayward

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

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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.
- 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.
- To acknowledge the receipt of Community Board funds as a separate entry in our accounts, or in a note to our accounts, 5. in our organisation's annual report.
- To acknowledge any financial contribution from Far North District Council on signage and in any publicity relating to the 6. 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** 

K. J. Berowne

John Haywood

John Haywood Post Code O4OS

16 November 122

Position

Post Code 0405

Chairman Date 16 November 22

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**

### TE PŪ O TE WHEKE COMMUNITY ARTS GALLERY

(Fries, Lies and Alibis – Methamphetamine Exhibition)

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

1	Quotes – x 2 pages
2	Account s – x 2 pages