

# Kaikohe-Hokianga Community Board Fund 2022-2023

## Local Grant Application Form

Application No. KHCB0522/23 From Living Theatre Trust

Form Submitted 18 Apr 2023, 3:39pm NZST

## Applicant Details

**\* indicates a required field**

### Instructions

#### Please read carefully:

- Read this application 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. Deadline dates are on the Council's website.
- Incomplete, late or non-complying applications will not be considered.
- 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](mailto:funding@fndc.govt.nz) - we're happy to help.

#### The following **must** be submitted along with this application form:

- Two quote for purchases where practicable, **or** evidence of expected purchases
- Business plan (including project costs)
- Details of all other funding secured or pending approval for this project (minimum 50%)
- Programme outline (if applying for operating costs)
- A health and safety plan.

## Applicant details

#### Applicant \*

Living Theatre Trust

#### Applicant Primary Website

<http://www.glowshow.co.nz>

Must be a URL.

#### Facebook page

[www.facebook.com/glowshowco](https://www.facebook.com/glowshowco)

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### Contact details

Contact Person One:

**Applicant Project Contact \***

Ms Sarah Burren

**Position \***

Secretary/Fundraiser

**Phone Number**

**Mobile Number**

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Must be an email address.

Contact Person Two:

**Applicant Admin Contact \***

Mr John Triggs

**Position \***

Chairperson

**Phone Number**

**Mobile Number**

**Applicant Admin Contact Primary Email**

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Must be an email address.

### Purpose of organisation

**Please briefly describe the purpose of the organisation \***

To create and deliver innovative, educational and original theatre . We work with emergent artists and seasoned professionals to take theatrical entertainment to children of Aotearoa.

**Number of Members \***

4

### Project Details

**\* indicates a required field**

#### Project Details

Clearly describe the project or event:

**Name of Activity \***

WONDERLAND GLOW SHOW

**Location \***

Turner Centre, Kerikeri

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**Will there be a charge for the public to attend or participate in the project or event?**

☒ Yes

☐ No

**If so, how much?**

\$15.21

**Start Date \***

20/06/2023

Must be a date.

**End Date \***

20/06/2023

Must be a date.

**Time**

10am and 11.30am

**Project Outline:**

**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.**

**Project Outline:**

Up to 800 ,tamariki and educators in and around Kaikohe, will hugely benefit from coming to see WONDERLAND GLOW SHOW at Turner Centre at 10am and 11.30am, June 20th, 2023. The shows are designed for babies to 7 year olds and has story telling through giant scale glow-in-the-dark memorable, and lovable characters, that inspire and uplift tamariki, and a beautiful and original sound track. The story line is performed live and all about "reading being a super power" and we are gifting bookmarks and collaborating with Far North Libraries to deliver a show that has long lasting impact in the community. There is also, a lot to take back to the classroom and ECE and Kōhanga, as they want to read, write, talk about their experience! Babies 18 months and younger are free of charge and we offer group booking discounts also. Your grant will help 8 people ( cast and crew) make this happen. We are touring to 27 locations over 5 weeks and have provided budget of full cost breakdown for you to see the costs apportioned to Kaikohe-Hokianga.

## 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 (evidence of costs) for everything listed in the total costs

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- 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
- If you are applying for operating costs of a programme, please attach a programme outline

## Budge

Expenditure	Total Cost	Amount Requested	Quotes
	Must be a dollar amount Must be a dollar amount.	Must be a dollar amount Must be a dollar amount.	
Rent/Venue Hire	\$1,940.00	\$600.00	Filename: Venue - Kerikeri - WGS 2023.pdf File size: 1.5 MB
Personell	\$5,635.00	\$1,500.00	Filename: GLOW SHOW MASTER BUDGET March 2023.xlsx File size: 29.4 kB Filename: LTT - QUOTE - Sound Engineer Feb 2023.pdf File size: 440.5 kB
Set	\$300.00	\$	Filename: Quote from Rays Theatrical services 2023.pdf File size: 561.2 kB
Insurance	\$164.00	\$	No files have been uploaded
Marketing	\$387.00	\$	No files have been uploaded
Production	\$788.00	\$	No files have been uploaded
Transport	\$647.00	\$	No files have been uploaded
Per Diems - 8 cast and crew x \$50 each x 1 night	\$400.00	\$400.00	No files have been uploaded
Accommdation x 8 people at Kerikeri homestead Motel	\$815.00	\$	No files have been uploaded

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10am show based on 40% of 408 = 163 x \$2.50 per ticket ( less gst)	\$354.00	\$	No files have been uploaded
11.30am show based on 40% of 408 = 163 x \$2.50 per ticket ( less gst)	\$354.00	\$	No files have been uploaded

## Financial Information

**\* indicates a required field**

**Is your organisation registered for GST? \***

☒ Yes ☐ No

### GST Number

**GST Number \***

102 169 670

### Current Funding

**How much money does your organisation currently have? \***

\$3,000.00

Must be a dollar amount.

**How much of this money is already committed to a specific purpose? \***

\$3,000.00

Must be a dollar amount.

### Tagged Funds

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

Purpose	Amount
	Must be a dollar amount.
CCS Far North towards tour costs to Kaitaia	\$1,500.00
CCS Far North towards tour costs to Kerikeri	\$1,500.00

### Total Tagged Funds

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### Total Expenditure Amount

\$3,000.00

This number/amount is calculated.

### Other Funding

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

Funding Source	Amount	Decision
	Must be a dollar amount.	
Far North Creative Communities	\$3,000.00	Approved
	\$	

### Previous Funding from FNDC

Have you previously received funding from FNDC? \*

☒ Yes ☐ No

### Previous Funding from FNDC

Purpose	Amount	Date	Project Report Submitted
	Must be a dollar amount.	Must be a date.	
Te Hiku - towards Matariki Glow Show	\$1,788.70	19/05/2022	Yes
Kaikohe-Hikurangi towards Matariki Glow Show	\$1,110.00	02/05/2022	Yes
CCS Far North towards Matariki Glow Show	\$4,903.00	01/02/2022	Yes
CCS Far North towards Wonderland Glow Show	\$4,900.00	02/02/2021	Yes

## Declaration

### 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**

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**information in the proposal of 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)**

Living Theatre Trust

## New Section

**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 organisations 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

**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 of 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.

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3. To spend the funding only for the purpose(s) approved by the Far North District Council unless written approval for a change of purpose(s) is obtained **an advance** from the Community Board.
4. To return to the Far North District Council any portion of the funding that e 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 the Funding Team 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

Sarah Burren

### Position

Secretary/Fundraiser

### Phone Number

### Mobile Number

### Date

30/03/2023

Must be a date.

## Signatory Two

### Name

John Triggs



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### Position

Chairperson

### Phone Number

### New Question

30/03/2023

Must be a date.