

## 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 \***

SMC Events Ltd on behalf of Sanitarium

**Postal Address \***

**Physical Address \***

**Applicant Primary Website**

<https://tryathlon.co.nz/>

Must be a URL.

**Facebook page**

<https://www.facebook.com/tryathlon>

## Contact details

Contact Person One:

**Applicant Project Contact \***

Mr Craig Seuseu

**Position \***

Series Director

**Phone Number**

**Mobile Number**

**Email \***

Must be an email address.

Contact Person Two:

**Applicant Admin Contact \***

Mrs Sandra Greer

**Position \***

Sponsor Liaison

**Phone Number**

**Mobile Number**

**Applicant Admin Contact Primary Email**

Must be an email address.

## Purpose of organisation

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

To provide a non-competitive event promoting physical activity for 7-15 year olds, delivered in a fun way to encourage participation, peer support, and a sense of achievement.

**Number of Members \***

We have a team of 8 event staff

## Project Details

**\* indicates a required field**

### Project Details

Clearly describe the project or event:

**Name of Activity \***

Sanitarium Weet-Bix Kids TRY CHALLENGE

**Location \***

Location, date/time TBC in collaboration with Kaikohe-Hokianga Community Board and Sport Northland

# Kaikohe-Hokianga Community Board July 2023 - June 2024

## Local Grant Application Form

Application No. KHCB00007 From SMC Events Ltd on behalf of Sanitarium

Form Submitted 29 Aug 2023, 10:10AM NZST

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

☐ Yes

☒ No

**If so, how much?**

**Start Date \***

01/10/2023

Must be a date.

**End Date \***

31/05/2024

Must be a date.

**Time**

**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:**

The Sanitarium Weet-Bix Kids TRY CHALLENGE is a three week, nationwide programme that encourages Kiwi kids aged 5-15 years old to get active and have fun, as they work towards achieving a physical activity goal and earning their Champions medal and TRYathlon t-shirt.

The goal for our Northland TRY CHALLENGE in School events is to successfully hold a school event across each of the three boards, working alongside Sport Northland and its Healthy Active Learning team to identify one school from each of the three wards as recipients for the 2023-2024 season. With a combined total attendance of 1,000 plus students. Free of charge to the schools and participants.

TRY CHALLENGE in Schools sees the TRYathlon delivery team planning and delivering an event for a Host school and guest schools it may invite. Healthy Active Learning teams from Regional Sports Trusts in most regions work alongside the TRYathlon team to engage and plan the event day with the Host school.

Participation helps to build resilience and a balanced hauora; vital for the personal development of our tamariki. Participants feel a sense of achievement, boost in self-esteem and confidence, inspire others, achieve personal growth, form positive activity habits, and connect the school community.

"TRY SEASON" defined as October 2023 through to May 2024.

## Project Cost

**\* indicates a required field**

# Kaikohe-Hokianga Community Board July 2023 - June 2024

## Local Grant Application Form

Application No. KHCB00007 From SMC Events Ltd on behalf of Sanitarium

Form Submitted 29 Aug 2023, 10:10AM NZST

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 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
- 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	\$	\$	No files have been uploaded
Advertising/Promotion	\$1,225.00	\$	No files have been uploaded
Facilitation/Professional Fees	\$315.00	\$	No files have been uploaded
Administration	\$	\$	No files have been uploaded
Equipment Hire	\$805.00	\$	No files have been uploaded
Equipment Purchase	\$	\$	No files have been uploaded
Utilities	\$	\$	No files have been uploaded
Hardware (e.g cement, timber)	\$	\$	No files have been uploaded
Consumable materials	\$131.00	\$	No files have been uploaded
Refreshments	\$	\$	No files have been uploaded
Travel/Mileage	\$622.00	\$	No files have been uploaded
Volunteer Expenses Reimbursements	\$	\$	No files have been uploaded

**Kaikohe-Hokianga Community Board July 2023 - June 2024**  
**Local Grant Application Form**  
**Application No. KHCB00007 From SMC Events Ltd on behalf of Sanitarium**  
Form Submitted 29 Aug 2023, 10:10AM NZST

Other (Wages/ Salary)	\$5,513.00	\$	No files have been uploaded
Other (Volunteers)	\$350.00	\$	No files have been uploaded
Other (Security)	\$420.00	\$	No files have been uploaded
TRY CHALLENGE Kit plus t-shirt, medal etc x 400@\$15/child	\$6,300.00	\$5,000.00	No files have been uploaded

## Funding Request Amount

Please enter the total cost of your project (the sum of the items you have listed in the Total Cost column above) and the total amount you are requesting from the Board (the sum of the items you have listed in the Amount Requested column above).

**What is the total cost of your project? \***

\$15,681

Must be a dollar amount.

**What is the amount you are requesting from the Board? \***

\$5,000

Must be a dollar amount.

## Financial Information

**\* indicates a required field**

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

☒ Yes ☐ No

## GST Number

**GST Number \***

87661520

## Current Funding

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

\$1.00

Must be a dollar amount.

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

\$1.00

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.
	\$
	\$
	\$
	\$
	\$

## Total Tagged Funds

**Total Expenditure Amount**

\$0.00

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.	
	\$	
	\$	

## 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.	
TRY CHALLENGE in Schools event Te Hiku Board	\$4,000.00	05/04/2023	Yes

# Kaikohe-Hokianga Community Board July 2023 - June 2024

## Local Grant Application Form

Application No. KHCB00007 From SMC Events Ltd on behalf of Sanitarium

Form Submitted 29 Aug 2023, 10:10AM NZST

TRY CHALLENGE in Schools event Kaikohe-Hokianga Board	\$4,000.00	06/04/2023	Yes
TRY CHALLENGE in Schools event Bay of Islands-Whangaroa Board	\$4,000.00	04/04/2023	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 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)

SMC Events Ltd on behalf of Sanitarium

## 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:

# Kaikohe-Hokianga Community Board July 2023 - June 2024

## Local Grant Application Form

Application No. KHCB00007 From SMC Events Ltd on behalf of Sanitarium

Form Submitted 29 Aug 2023, 10:10AM NZST

- 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 journey 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.
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 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 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

Craig Seuseu

### Position

Series Director

### Postal Address



# Kaikohe-Hokianga Community Board July 2023 - June 2024

## Local Grant Application Form

Application No. KHCB00007 From SMC Events Ltd on behalf of Sanitarium

Form Submitted 29 Aug 2023, 10:10AM NZST

**Phone Number**

**Mobile Number**

Must be a Ne

**Date**

29/08/2023

Must be a date.

## Signatory Two

**Name**

**Position**

**Postal Address**

**Phone Number**

**Mobile Number**

**New Question**

Must be a date.