

Local Grant Application Form

20 SEP 2018
Kaitiaki Service Centre



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.
- If there's anything on this form you're not sure of, please contact the Governance team at DDI (09) 401 5231, freephone 0800 920 029, or governance@fndc.govt.nz – we're happy to help.
- 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.
- **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.

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

- ☒ Signed applicant declaration
- ☒ Two quotes for purchases where practicable, or evidence of expected purchases
- ☐ Business plan (if applicable) including project costs
- ☐ Details of all other funding secured or pending approval for this project (minimum 50%)
- ☐ Programme outline (if applicable)
- ☐ A health and safety plan (if applicable)
- ☒ Most recent financial statements / annual accounts
- ☒ A deposit slip

Applicant details

Organisation	Whakawhiti Ora Pai Community Health	Number of Members	6
Postal Address	POC Te Kao	Post Code	0484
Physical Address	6652 FAR NORTH RD, TE KAO RD.4 KAIAIA	Post Code	0484
Contact Person	Enrol Murray	Position	General Manager
Phone Number	09 409 7880	Mobile Number	021 761 686
Email Address	errol.murray@wop.co.nz		

Briefly describe the purpose of the organisation:

Whakawhiti Ora Pai is a Community and Social Service Provider. We provide clinical based nursing and general practitioner services, including health promotion and advocacy to the population of the Aupouri Peninsular, from North Cape to Motutangi, encompassing the communities of Te Hapua, Te Kao, Ngataki and Pukenui. Whakawhiti Ora Pai averages 1000 enrolled patients through its clinics situated in Te Hapua, Te Kao and Pukenui. Its services are also available to non-enrolled patients, visitors and tourists. We work with St Johns Ambulance providing PRIME, a first response to accidents within our area. Additionally, we are very much involved with local Civil Defence Community responses thanks to the support of Bill Hutchinson from the FNDC.

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Project Details

Which Community Board is your organisation applying to (see map Schedule A)?

☒ Te Hiku

☐ Kaikohe-Hokianga

☐ Bay of Islands-Whangaroa

Clearly describe the project or event:

Name of Activity Concreting patient parking area Pukenui Clinic Date Nov. 2018

Location 5 Lamb Road, Pukenui Time

Will there be a charge for the public to attend or participate in the project or event? ☐ Yes ☒ No

If so, how much?

Are you applying for annual funding for the remaining years of the triennium¹? ☒ Yes ☐ No

If so, how much? \$10,103.04

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.

Outline your project and the services it will provide:

The project Whakawhiti Ora Pai is applying for is to develop the clinic in Pukenui, situated on Lambs Rd, by upgrading its patient access ramp and decking and concreting the outside driveway and patient parking area. This will make it easier for emergency vehicles and patients that have mobility issues (wheelchairs or on crutches) to physically access our services which is a significant health and safety concern.

Whakawhiti Ora Pai receives no funding for infrastructure or maintenance, and therefore are applying for support from the FNDC. We are prepared to contribute towards the upgrade of the ramp and decking area and are seeking financial support only towards the area that needs concreting, seeking only 50% of the overall costs of the quote provided.

As this project will need to meet health and safety requirements, and is a specialised area, no voluntary consideration has been made. As this is the first application that we have made from this local grant we hope that this factor would be considered by the Te Hiku Community Board

¹ The triennium refers to the three-year period between local elections.



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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:

- 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 ²		
Administration (incl. stationery/copying)		
Equipment Hire		
Equipment Purchase (describe)		
Utilities		
Hardware (e.g. cement, timber, nails, paint)	\$20,206.08	\$10,103.04
Consumable materials (craft supplies, books)	One quote only due to rurality of securing another quote	
Refreshments		
Travel/Mileage		
Volunteer Expenses Reimbursement		
Wages/Salary		not applicable
Volunteer Value (\$20/hr)		not applicable
Other (describe)		
TOTALS	\$20,206.08	\$10,103.04

² 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

Is your organisation registered for GST?

☒ Yes ☐ No

GST Number

67-271-718

What are your organisation's currently accessible financial resources?

103,404.27

How much of this is tagged or committed for specific purposes?

100,000.00

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

Purpose	Amount
Covering wages/holiday pay	65,000.00
Purchase new Van for Community meetings	35,000.00
TOTAL	\$100,000.00

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

Funding Source	Amount	Approved
N/A		Yes / Pending
		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
Creative Community Grant	1,685.00	19-06-18	(Y) / N
	excl GST		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)

Whakarauchi Ora Pai Community Health Services

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.
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

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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.
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 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

Name Emil Murray Position General Manager
Postal Address 6652 FAR NORTH RD TE KAO RD 4 KAIAIA Post Code 0480
Phone Number 09 409 7880 Mobile Number 021 761 686
Signature Emil Murray Date 19.09.18

Signatory Two (if applicable)

Name Joan Norman Position Chairperson
Postal Address 16 Purim Place Post Code 0410
Phone Number Mobile Number 021 448479
Signature Joan Norman Date 20/09/18

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