

Local Community Grant Fund Application Form

Kaitiaki Service Centre

23 JUL 2019

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 5188, 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 (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

Organisation	Whatuwhiwhi Tokerau Rate Payers Assoc.	Number of Members	20+
Postal Address	132 Dick Ulrich Rd, RD3 Kaitiaki	Post Code	0483
Physical Address		Post Code	0483
Contact Person	Mary Watkins	Position	Treasurer
Phone Number	09-406-7790	Mobile Number	0274 907 607
Email Address	Kowgalskreations@gmail.com		

Please briefly describe the purpose of the organisation.

To look after the needs of our local rate payers and their concerns.

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

If so, how much?

Outline your project and the services it will provide. Tell us:

- How it will enhance access to facilities and for whom
- How it will broaden the range of activities and experiences available to the community
- How it will enhance/communities or volunteer capability to provide services.

Our community has a large retired population and our annual 65+ Christmas Party dinner has become extremely popular. This event gives everyone a chance to relax and mingle in a friendly environment and develop community spirit. Last year we catered for up to 85 people. This includes a 2 course meal, a variety of local talent, all volunteered. Each one walks away with a small package of Christmas cake wrapped with Christmas decorations. The local Garden Club helps with decorating the tables and hall.

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 project or event. Funding requested may not exceed 50% of the total project 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)		
Consumable materials (craft supplies, books)		
Refreshments	900.00	
Travel/Mileage		
Volunteer Expenses Reimbursement		
Wages/Salary		not applicable
Volunteer Value	900.00	not applicable
Other (describe)		
TOTALS	1,800.00	900.00

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

What are your organisation's currently accessible financial resources?

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

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

Purpose	Amount
Small community projects ie. signs, local notices etc.	
TOTAL	

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

Funding Source	Amount	Approved
30+ Volunteers	900.00	(Yes) / Pending
Entertainment Kitchen		Yes / Pending
help, Servers, Set up and		Yes / Pending
Clean up)		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
Senior Lunch	900.00	Nov 16, 2018	(Y) / N
Senior Lunch	900.00	Nov 17, 2017	(Y) / N
Senior Lunch	900.00	Nov 16, 2016	(Y) / N
Senior Lunch	900.00	Dec 15, 2015	(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)

Whatuwshiwi & Tokerau Beach Rate Payers Association

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.
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.
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.
11. To notify the Far North District Council immediately if our GST status changes.

Signatory One

Name Brian Page Position Chair person

Postal Address 8 Simon Urlich Rd, RD3 Kaitia Post Code 0483

Phone Number 09-408-7197 Mobile Number 027-322-1652

Signature Brian Page Date

Signatory Two (if applicable)

Name Mary Watkins Position Treasurer

Postal Address 132 Dick Urlich Rd RD3, Kaitia Post Code 0483

Phone Number 09-406-7790 Mobile Number 027 490-7607

Signature Mary Watkins Date 21/6/2019