

# Local Grant Application Form

FNDC ADMIN  
09 SEP 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.
- 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](http://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 Governance team at DDI (09) 401 5231, freephone 0800 920 029, or [governance@fndc.govt.nz](mailto:governance@fndc.govt.nz) – we're happy to help.
- **Send your completed form** to [governance@fndc.govt.nz](mailto:governance@fndc.govt.nz) or to any Council service centre

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

- Quotes (or evidence of costs) for all items listed as total costs on pg 3
- Most recent bank statements and (signed) annual financial statements
- Programme/event/project outline
- A health and safety plan
- 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

Organisation	<input type="text" value="Te Houtaewa Maori Charitable Trust"/>	Number of Members	<input type="text" value="5"/>
Postal Address	<input type="text" value="14/19 Dudley Crescent"/>	Post Code	<input type="text"/>
Physical Address	<input type="text" value="Cable Bay, Northland"/>	Post Code	<input type="text" value="0420"/>
Contact Person	<input type="text" value="Teresa Hart"/>	Position	<input type="text" value="Senior Facilitator"/>
Phone Number	<input type="text" value="021 187 5109"/>	Mobile Number	<input type="text"/>
Email Address	<input type="text" value="info@tehoutaewa.co.nz"/>		

### Please briefly describe the purpose of the organisation.

Main purpose for event was to share the legend of Te Houtaewa by symbolically returning the Kumara to Te Rauawa as a means of healing wounds, addressing the mana and restoring peace between the 2 tribes



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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 Te Houtaewa 2020 Event/Festival      Date 07/03/2020

Location Te Ari (Mangarua Bluff) back to Paripari Domain - Ahipawa      Time 7.30am - 6pm

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

If so, how much? N/A.

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.

• The community of Te Hiku benefit from this iconic event of 20yrs+ also by coming together to contribute a positive message for our region. This covers all ages and ethnicities.

• Our Kaupapa seeks to raise awareness and capture unique stories of our local history, significant landmarks, beautiful people also sacred places. Our cultural heritage is connected through Te Ao Māori which embraces Te Whare Tapa Whā. This concept acknowledges the balance through taha wairua, taha hinepuro, taha tinana and taha whare. We connect to whānau, hapu and iwi with activities, events, wānanga (education) to provide opportunities to learn, grow and develop. Building capacity, capability and tinoranga. All of these aspects enable our Kaupapa to nurture, celebrate our traditional māoriatives, postures to ensure these taonga are preserved for our future generations and succession of our collective rohe as Kaitiaki.

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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	12 200	
Advertising/Promotion	72 000	
Facilitator/Professional Fees <sup>2</sup> Kaitiaki 4x4 Club	21 070	10 000
Administration (incl. stationery/copying)	34 905	
Equipment Hire FAN NORTH LINK HAWISONS The Timing Team	10 349	10 349
Equipment Purchase (describe)		
Utilities	3 975	
Hardware (e.g. cement, timber, nails, paint)	4 000	
Consumable materials (craft supplies, books)	14 500	
Refreshments	1 320	
Travel/Mileage 14891 8667	23 558	
Volunteer Expenses Reimbursement uniforms	8 000	
Wages/Salary	—	not applicable
Volunteer Value (\$20/hr)	(98 285)	not applicable
Other (describe) Mavae Base Accou. Village Entertainment	12 500	
<b>TOTALS</b>	<b>411 377</b>	<b>20 349</b>

<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

Is your organisation registered for GST?  Yes  No GST Number 85-661-566

How much money does your organisation currently have? 7271

How much of this money is already committed to specific purposes? 7000

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

Purpose	Amount
Travel, Mileage, Volunteer Reimbursements	5000
Administrative Costs also GST	2000
<b>TOTAL</b>	<u>7000</u>

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

Funding Source	Amount	Approved
* Like Minds - Mental Health Foundation	9000	<u>Yes</u> / Pending
* For 2x3 Day Noho Wānanga,		Yes / Pending
Promotion Noho Camp Base		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
Events Investment Fund	6000	12/2018	<u>Y</u> / 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 Houtaewa Maori Charitable Trust

**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

**Signatory One**



**Signatory Two**





# Local Grant Application Form

## 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	Hailey Jane Tobin	Position	Chairperson
Postal Address	21 East Street, Taipa RD3, Kaitaia, Northland	Post Code	0483
Phone Number		Mobile Number	021 080 1599
Signature		Date	09/09/2019

### Signatory Two

Name	(Ngaire) Teresa Hart	Position	Senior Lead Facilitator
Postal Address	18 Dudley Crescent Cable Bay	Post Code	0420
Phone Number		Mobile Number	0211875709
Signature		Date	09/09/2019