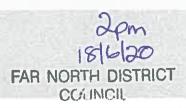
# **Application Form**





#### Instructions

#### Please read carefully:

KAITAIA SERVICE CENTRE

- 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
- **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 Community Development team at freephone 0800 920 029, or funding@fndc.govt.nz - we're happy to help.
- Send your completed form to funding@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

☐ You	r organisation's business plan (if applicable)				
☐ If yo	If your event is taking place on Council land or road/s, evidence of permission to do so				
☐ Sign	ned declarations on pgs 5-6 of this form				
Applicant c	details				
Organisation	TOKEROU BEACH - WHATCHWHILM RO		Number of Members 10		
Postal Address	1 BRUNTON Ph TOKERAL	BEMEH	Post Code		
Physical Address	rs above		Post Code		
Contact Person	EVAN MACKAY	Position	CONVENDR		
Phone Number	094087374 Ma	obile Number	0274 527608		
Email Address	Emackay = xtra. C	0.02			
Please briefly d	describe the purpose of the organisation.				
PROVIDE	= CETU CAMBRAS THRO	eGHout -	THE ARTA		



# **Application Form**

Project Details

			41 11 4				
	ty Board is your o						
	Te Hiku		Kaikohe-Hokia	nga 🗆	Bay of Island	ls-Whanga	aroa
Clearly describe	the project or eve	ent:					
Name of Activity					Date	14-6	- 20
Location	TOKERAU	BEAG	2H - W	HATTECHI	WH1 Time		
Will there be a cha	arge for the public	to attend	l or participate in	the project or	event?	☐ Yes	⊠No
If so, how much?							
Outline your acti	ivity and the servi	ices it w	ill provide. Tel	l us:			
	will benefit from the			xperiences ava	ilable to the co	mmunity.	
ATT	ACHED.						
	<u> </u>						<del> </del>
		<del></del>					



# **Application Form**

#### **Project Cost**

Provide a detailed costs estimate for the activity. Funding requested may not exceed 50% of the total cost.

<u>Total Cost</u> - 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		
Advertising/Promotion		
Facilitator/Professional Fees <sup>2</sup>		
Administration (incl. stationery/copying)		
Equipment Hire		
Equipment Purchase (describe) Project Costs (refer budget) CCTV Network	4,750.00 23,050.00	15,423.00
Utilities Annual Monitoring Costs	10,400.00	
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)		
Refreshments		
Travel/Mileage		
Volunteer Expenses Reimbursement		
Wages/Salary		not applicable
Volunteer Value (\$20/hr)		not applicable
Other (describe) Cabling/Wire install	2,600.00	7,354.00
Tree trimming/works	4754.10	7,554.00
TOTALS	45,554.10	22,777.00

<sup>&</sup>lt;sup>2</sup> If the application is for professional or facilitator fees, a job description or scope of work must be attached.



# **Application Form**

**Financial Information** 

ls your organisatio	n regist	ered for GST?	☐ Yes	√D No	GST Number		
How much money	does yo	ur organisation c	urrently hav	e?	\$	kg 1000	
How much of this I	money is	s already commit	ted to specif	ic purposes	\$?	5000	
List the purpose a	nd the a	mounts of money	already tag	ged or com	mitted (if any):		
		Purpose				Amount	
STAGE	\	CAMERI	75 x M	DANAGM	ENT 5/50	000	
					TEX.		
TOTAL				NI III	2151	200	

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

Funding Source	Amount	Approved
MULIPLE DONATIONS	44000	Yes / Pending
By Community		Yes / Pending
		Yes / Pending
10.5		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
AS Sub Committee of	NIL		Y / N
AS Sub COMMITTEE OF RATEPAYERS ASSOC			Y / N
			Y / N
			Y / N



# **Application Form**

#### 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)

TOKERAU BEACH WHATOWHIWHI RATERAYERS ASSOC - CCTV COMMITTE	TOKERAU BEACH	WHATOWHWHI	RATETAYERS	ASSOC -	CCTV	Committee
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#### We, the undersigned, declare the following:

In submitting this application:

- We have the authority to commit our organisation to this application and we have been duly authorised by our governing body.
- 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

Cianatan, Tue

- 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	
GRA		
T S		

Cinnatani One



# **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).
- 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 O	ne
Name	EVAN MACKAY Position CONSOR.
Postal Address	1 BRUNTON R TOKARU BOACH POST Code OUS 3
Phone Number	09 40 8 7374 Mobile Number 0274 527 608
Signature	Date 14-6-20
Signatory Tv	<b>YO</b>
Name	Vivienne Gramond Position SECRETOR
Postal Address	102 VIRTUECLES TOKERAN BEART Post Code 0483
Phone Number	Mobile Number 201185620
Signature	e Place d Date 14/6/20'

### **Schedule of Supporting Documentation**

### Tokerau Beach - Whatuwhiwhi Ratepayers Association

The following supporting documentation has been provided in support of the grant application and is emailed under separate cover.

1	Quote – Northland CCTV
2	Budget
3	Quote – Orang Otang Tree Trimmers
4	Quote – Straight Wire Electrical
5	ASB Bank Statement
6	Straight Wire Health and Safety Plan
7	Letter to Residents about CCTV plan
8	Proposal to Council from October 2019 (includes letter from NZ Police)
9	Letter from Total Security, Kaitaia
10	Letter from Northland CCTV
11	Minutes of the Tokerau Beach and Whatuwhiwhi Residents and Ratepayers Association – February 2018