

## **Application Form**

#### 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 <a href="www.fndc.govt.nz">www.fndc.govt.nz</a>
- 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 <a href="mailto:funding@fndc.govt.nz">funding@fndc.govt.nz</a> we're happy to help.
- Send your completed form to funding@fndc.govt.nz or to any Council service centre

The foll	owin	g <u>m</u>	ust	be su	ubmitted	alo	ng with	this ap	plica	ition	foi	rm:	
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	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
П	Signed declarations on pgs 5-6 of this form

#### **Applicant details** SMC Events Ltd on behalf of Sanitarium Number of Members **Organisation** 10 Postal Address Post Code PO Box 132 027, Sylvia Park, Auckland 1060 Post Code **Physical Address** 500 Mount Wellington Highway, Mount Wellington, Auckland 1060 Position Series Manager **Contact Person** Craig Seuseu Phone Number Mobile Number 0276 777 033

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

craig@smcevents.co.nz

To provide a non-competitive sporting event for 7-15yr olds, delivered in a fun way to encourage physical activity, and a sense of achievement.

**Email Address** 



# **Application Form**

	ty Board is yo	ur organis	ation applying to (s	ee map Sch	nedule A)	?			
	Te Hiku		Kaikohe-Hokianga		Bay of	Island	s-Whang	jaroa	
learly describe	the project or	event: Loc	ation/Date/Time TE	BC, in collab	ooration v	with T	e Hiku E	Board & Spo	rt No
lame of Activity	Sanitariu	m Weet-Bi	x Kids TRY CHALL	ENGE	ı	Date	Oct'22	- May'23 - <sup>-</sup>	ВС
ocation	TBC				7	Гіте	TBC		
Vill there be a cha	arge for the pub	olic to atten	d or participate in the	e project or e	event?		□ Yes	□ No	
so, how much?	Free to pa	articipate a	nd view. Event Kit	is \$15+deliv	/ery				
utline your acti	vity and the se	ervices it w	vill provide. Tell us	:					
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## **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	1167	
Facilitator/Professional Fees <sup>2</sup>	300	
Administration (incl. stationery/copying)		
Equipment Hire	767	
Equipment Purchase (describe)		
Utilities		
Hardware (e.g. cement, timber, nails, paint)		
Consumable materials (craft supplies, books)	125	
Refreshments		
Travel/Mileage	592	
Volunteer Expenses Reimbursement		
Wages/Salary	5250	not applicable
Volunteer Value (\$20/hr)	333	not applicable
Other (describe) Security	400	
TRY Challenge Kit, plus shirt, medal etc x 400 @ \$15/child	6000	4000
TOTALS	14934	4000

<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**

☐ Yes	□ No	GST Number	87661520					
How much money does your organisation currently have?								
How much of this money is already committed to specific purposes?								
List the purpose and the amounts of money already tagged or committed (if any):								
			Amazonak					
			Amount					
			Amount					
			Amount					
			Amount					
			Amount					
			Amount					
	urrently hav	urrently have?	urrently have? ed to specific purposes?					

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

Funding Source	Amount	Approved
		Yes / Pending

Please state any previous funding the organisation has received from Council over the last five years:

Purpose	Amount	Date	Project Report Submitted
			Y / N
			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)

Sanitarium Weet-Bix Kids TRYathlon

### 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.
- 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	( Sepen	Signatory Two	



## **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	Craig Seuseu		Position	Serie	s Manager
Postal Address	PO Box 132 027, Sylvia Park, Auckland				Post Code 1060
Phone Number		Mobile Nur	nber	0276 777	033
Signature	- C) Seisen			Date	7/10/22
Signatory Tw					
Name			Position		
Postal Address					Post Code
Phone Number		Mobile Nur	mber		
Signature				Date	

### **Schedule of Supporting Documentation**

### SMC EVENTS LTD ON BEHALF OF SANITARIUM

(Sanitarium Weet-Bix Kids TRY Challenge)

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

1	Further information – x 22 pages
2	Health and Safety Plan – x 1 page. The plan is 164 pages, if you would like to see it, we can email it through to you.