Applicant Details

* indicates a required field

Instructions

Please read carefully:

- Read this application 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. Deadline dates are on the Council's website.
- Incomplete, late or non-complying applications will not be considered.
- 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.

The following must be submitted along with this application form:

- Two quote for purchases where practicable, **or** evidence of expected purchases
- Business plan (including project costs)
- Details of all other funding secured of pending approval for this project (minimum 50%)
- Programme outline (if applying for operating costs)

Applicant details

Application of the Application o		○ Organisa	ation			
Title	First Name	Last I	Name			
Postal A Address	Address *					
Address L New Zeala		Town, State/P	rovince, Post	code, and Coun	try are required.	. Country must be

Physical Address *
Address

Address Live 1 Colored Trans	State (Paradiana Parat			d. Country would be
Address Line 1, Suburb/Town, S New Zealand	State/Province, Post	code, and Co	ountry are require	a. Country must be
Website				
Must be a URL.				
Facebook page				
r deesook page				
Contact details				
		Contoct	Damaan Tura	
Contact Person One: Applicant Project Contact * Title First Name	Last Name	Applicant Adm	Person Two: in Contact First Name	Last Name
Position *		Position		
Phone Number		Phone Number		
Mahila Namban		Makila Nasaka	_	
Mobile Number		Mobile Number		
Email *		Email Address		
Must be an email address.		Must he an	email address.	
	•	riase se ari	eman address.	
Purpose of organisation				
Please briefly describe the	he purpose of th	e organis	ation *	
Number of Members *				

Project Details

* indicates a required field

Project Details				
Clearly describe the project or event:				
Name of Activity *				
Location *				
Will there be a charge for the public to a event? *	attend or participate in the project or			
○ Yes	○ No			
Entry Cost				
If yes, how much?				
\$ Must be a dollar amount.				
Project dates:				
Start Date Date *	End Date: Date: *			
Must be a date.	Must be a date.			
Project Outline				
 Outline your activity and the services it Who will benefit from the activity a How it will broaden the range of act community. 				
Project outline: *				

Project Cost

* indicates a required field

Provide a detailed cost 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 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

Budget

Expenditure	Total Cost	Amount Requested	Quotes	What is the total cost of your project?
	Must be a dollar amount.	Must be a dollar amount.		Must be a dollar amount.
Rent/Venue Hire	\$	\$		\$
Advertising/ Promotion	\$	\$		\$
Facilitator/ Professional Fees	\$	\$		\$
Administration (inc. stationery/copying)	\$	\$		\$
Equipment Hire	\$	\$		\$
Equipment Purchase (describe)	\$	\$		\$
Utilities	\$	\$		\$
Hardware (e.g cement, timber, nails, paint)	\$	\$		\$
Consumable materials (craft supplies, books)	\$	\$		\$
Refreshments	\$	\$		\$
Travel/Mileage	\$	\$		\$
Volunteer Expenses Reimbursement	\$	\$		\$
Other (describe)	\$	\$		\$
Other (describe)	\$	\$		\$
Other (describe)	\$	\$		\$

Funding Request Amount

Local Grant Application Form

Form Preview

Please enter the total cost of your project (the sum of the items you have listed in the Total Cost column above) and the total amount you are requesting from the Board (the sum of the items you have listed in the Amount Requested column above).

What is the total cost of your project? *
Must be a number.
What is the amount you are requesting from the Board? *
\$ Must be a dollar amount.
Financial Information
* indicates a required field
Financial Information
If your organisation registered for GST * ○ Yes
GST Number
GST Number
Current Funding
How much money does your organisation currently have? *
\$ Must be a dollar amount.
How much of this money is already committed to a specific purpose? *
Must be a dollar amount.
Tagged Funds
List the purpose and the amounts of money already tagged or committed (if any):
Purpose Amount
\$
\$ \$
ID

Total	Tagged	Funds
local	luggcu	i uiius

	143		
Total Tagged Amous \$ This number/amount is o			
Other Funding			
Please list details of al 50%)	ll other funding sec	cured or pending a	pproval for this project (minimum
Funding Source	Amount		Decision
	Must be a	dollar amount.	
	\$		
	\$		
Previous Funding Have you previously Yes Previous Funding	y received fundin	ng from FNDC? * O No	
	,		
Purpose	Amount	Date	Project Report Submitted
_	Amount Must be a dollar am	Date nount. Must be a dat	Submitted
_	Amount Must be a dollar am		Submitted
_	Amount Must be a dollar am		Submitted
Purpose Supporting Finan Please attach your supfollowing:	Amount Must be a dollar amust \$ \$ cial Information pporting financial in	nount. Must be a dat	Submitted
Purpose Supporting Finan Please attach your sup	Must be a dollar and \$ statement accounts	nount. Must be a dat	Submitted re.
Purpose Supporting Finan Please attach your supfollowing: • a profit and loss: • audited financial: • bank statement Please upload your	Must be a dollar and \$ statement accounts	nount. Must be a dat	Submitted re.

3 Additional financial Attach a file:	information	(optional)

Declaration

* indicates a required field

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 of 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.

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 organisations 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 out 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 sperate entries in the cash book or as a note o the accounts
- Tracking of different funding, e.g through a spreadsheet or journey entry
- regular financial reporting to every full meeting of the governing body

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 of 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 the Far North District Council unless written approval for a change of purpose(s) is obtained **an advance** from the Community Board.
- 4.To return to the Far North District Council any portion of the funding that e 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 the Funding Team 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. lay a complaint with the Police and notify the far North District Council immediately if any of the funding is stolen or misappropriated.

Signatures

Signatory One Name * First Name	Last Name	Signatory I W Name First Name	Last Name	
Position *		Position		
Postal Address Address		Postal Address Address		
Phone Number		Phone Number		

Mobile Number	Mobile Number
Email	Email
Must be an email address.	Must be an email address.
Date	Date
Must be a date.	Must be a date.
Supporting Documents	
If you have additional supporting documental please upload it below. If you have more that contact funding@fndc.govt.nz	tion (that you have not included elsewhere), n three documents you wish to include, please
1 Name of file being uploaded	
1 Supporting Document Attach a file:	
2 Name of file being uploaded	
2 Supporting Document Attach a file:	
3 Name of file being uploaded	
3 Supporting Document Attach a file:	