

Local Grant Application Form

Form Preview

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 or pending approval for this project (minimum 50%)
- Programme outline (if applying for operating costs)
- A health and safety plan.

Applicant details

Applicant *

Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be New Zealand

Physical Address *

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be New Zealand

Applicant Primary Website

Must be a URL.

Facebook page

Contact details

Contact Person One:

Applicant Project Contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone Number

Mobile Number

Email *

Must be an email address.

Contact Person Two:

Applicant Admin Contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone Number

Mobile Number

Applicant Admin Contact Primary Email

Must be an email address.

Purpose of organisation

Please briefly describe the purpose of the organisation *

Number of Members *

Project Details

* indicates a required field

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Project Details

Clearly describe the project or event:

Name of Activity *

Location *

Will there be a charge for the public to attend or participate in the project or event?

Yes

No

If so, how much?

Start Date *

Must be a date.

End Date *

Must be a date.

Time

Project Outline:

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.**

Project Outline:

Project Cost

* indicates a required field

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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 (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
- If you are applying for operating costs of a programme, please attach a programme outline

Budge

Expenditure	Total Cost	Amount Requested	Quotes
	Must be a dollar amount. Must be a dollar amount.	Must be a dollar amount. Must be a dollar amount.	
Rent/Venue Hire	\$	\$	
Advertising/Promotion	\$	\$	
Facilitation/Professional Fees	\$	\$	
Administration	\$	\$	
Equipment Hire	\$	\$	
Equipment Purchase	\$	\$	
Utilities	\$	\$	
Hardware (e.g cement, timber)	\$	\$	
Consumable materials	\$	\$	
Refreshments	\$	\$	
Travel/Mileage	\$	\$	
Volunteer Expenses Reimbursements	\$	\$	
Other (describe)	\$	\$	
Other (describe)	\$	\$	
Other (describe)	\$	\$	

Funding Request Amount

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 dollar amount.

What is the amount you are requesting from the Board? *

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\$
Must be a dollar amount.

Financial Information

* indicates a required field

Is your organisation registered for GST? *

Yes No

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
	Must be a dollar amount.
	\$ <input type="text"/>
	\$ <input type="text"/>
	\$ <input type="text"/>
	\$ <input type="text"/>
	\$ <input type="text"/>

Total Tagged Funds

Total Expenditure Amount

\$
This number/amount is calculated.

Other Funding

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

Funding Source	Amount	Decision
	Must be a dollar amount.	
	\$	
	\$	

Previous Funding from FNDC

Have you previously received funding from FNDC? *

Yes

No

Previous Funding from FNDC

Purpose	Amount	Date	Project Report Submitted
	Must be a dollar amount.	Must be a date.	
	\$		
	\$		

Declaration

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.

On behalf of: (full name of organisation)

New Section

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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 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

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 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 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.

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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

First Name

Last Name

Position**Postal Address**

Address

Phone Number**Mobile Number**

Must be a Ne

Date

Must be a date.

Signatory Two

Name

First Name

Last Name

Position**Postal Address**

Address

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Phone Number

Mobile Number

New Question

Must be a date.