

# Community Funding Application Form

If you need help to complete this application form or would like to discuss your application, please contact the Community Funding Officer well before the closing date of the round you are applying to. Call 09 430 4200 or email [funding@wdc.govt.nz](mailto:funding@wdc.govt.nz) to make an appointment.

<b>Application summary</b>	
<b>Organisation name</b>	
<b>Amount requested</b>	\$
<b>Project name</b>	

<b>Section 1: Applicant Details</b>	
<i>Tell us about your organization/group</i>	
Group's postal address	
Postcode	
Group's bank account name:	
Group's bank account number:	
Group's GST number	
Describe your group's purpose (e.g. "to provide mobility aids for the disabled in Northland")	
Who are your group's main contact(s) for this funding application?	
<b>Primary contact's name</b>	
Position in group	
Email	
Daytime phone number(s)	
<b>Second contact's name</b>	
Position in group	
Email	
Daytime phone number(s)	

## Section 2: Eligibility

Have you received funding from Whangarei District Council in the last three years?

- No  
 Yes – if yes, ensure you have completed your grant reports and have met your grant obligations.

Does your group have a legal status?

- Yes – please provide:
- Your incorporated society or charitable trust registration number:
  - A copy of your latest statement of financial performance
  - Evidence of your bank account details.
- No\* – you will need to either:
- Gain legal status (see <http://www.societies.govt.nz/cms/customer-support/faqs>), or
  - Apply under the umbrella of a group that does (refer below).

### \*Umbrella Group Guarantee

Applicants that are not a registered charitable trust or incorporated society must apply under an umbrella group that is.

An umbrella group knows the applicant well and is willing to vouch for them and their project, and are prepared to accept legal liability and responsibility.

Grants are paid to the umbrella group for disbursement to the applicant in accordance with the grant agreement.

If the grant conditions are not met, Council may request the grant monies to be returned and/or may place restrictions on granting funds to the applicant and the umbrella organisation in future.

The following section is to be completed by an authorised officer of the umbrella group.

Umbrella group name

Society or trust number:

Contact person

Email

Daytime phone number(s)

GST number (or n/a)

I confirm that our organisation is willing to guarantee and receive any monies granted to:

Applicant organisation: .....

Project name: .....

Signature

Date

Please provide evidence of umbrella group's bank account details and a copy of the latest financial statements.

### Section 3: The Project

Tell us what you want to do – Who, What, When, Where, Why, How

Describe your project in terms of the following:

Name of project

Amount requested

\$

When will this take place?

Where will this take place?

Who and how many people will benefit?

Ethnicities of likely beneficiaries of this project – tick as appropriate and include a percentage estimate for each that you think will benefit from this project:

NZ European

Estimate %:

Maori

Estimate %:

Pacific Peoples

Estimate %:

Other European

Estimate %:

Asian

Estimate %:

Middle Eastern/Latin American/African

Estimate %:

Other ethnicity

Please specify: \_\_\_\_\_

Estimate %:

#### Area of work

To help us understand where support is being requested, please select which of the following relate most closely to your project.

- Arts and Culture** – Projects and activities that facilitate education and enjoyment of the arts and of culture for the people of our District.
- Heritage and Environment** – Projects and activities that preserve and promote the heritage of our District and that protect and enhance the environment in which we live.
- Recreation and Sport** – Projects and activities that enable participation and engagement in recreation and sport for people in our district of all abilities, ages and life stages.
- Community Connectedness and Wellbeing** – Projects and activities that strengthen community cohesion and connectedness in ways that cultivate healthy, happy and positive relationships across our District.

**Tell us** about your request in the following questions. Be succinct and clear.

**The Idea** – Briefly explain what it is that you want to do:

**The Need** – How do you know there is a need for your project, programme or service?

**The Impact** – What difference will your project make?

**Your Readiness** – What controls and checks do you have in place to manage the funding?

**Your Readiness** – How ready is your organisation to deliver the project, programme or service?

**Collaboration** – Who will you work with to deliver your project, programme or service?

**Your Approach** – How will you demonstrate value for money and the impact of your work?

**Your Approach** – How does your project, programme or service meet best practice and is it evidence based?

## Section 4: Project Budget

Provide a full list of your project income, fundraising and expenses. If your budget is detailed, provide a summary below and attach your budget separately.

Are you registered for GST?	<input type="checkbox"/>	No – your budget figures must <u>include</u> GST where applicable
	<input type="checkbox"/>	Yes – your budget figures must <u>exclude</u> GST where applicable
GST number		
<b>Project income</b> e.g. ticket sales 50 x \$10 = \$500.	Amount	
	\$	
	\$	
	\$	
	\$	
Total of other grants and donations	\$	
Own contribution / fundraising	\$	
<b>(A) Total income expected</b>		\$
<b>In-kind support – please list</b>		
e.g. volunteer numbers, estimated hours work, plus any donated materials, equipment		
<b>Volunteer Numbers:</b>	<b>Estimated Hours Work:</b>	
<b>Total project costs</b>		
Include <u>all</u> your project costs. e.g. materials, venue hire, promotion, equipment hire, personnel costs. If you have quotes, please attach them. You may be requested to provide quotes as evidence of some costs.		
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>(B) Total expenses expected</b>		\$
<b>(C) Income less expenses</b>		\$

## Section 6: Declaration

I undertake that I have obtained the consent of the group/organisation to make this application and provide these details.

I declare that the information supplied here is correct. If the application is successful, I/we agree to:

- provide a tax invoice to Whangarei District Council for the amount of the grant within one month of being advised of the grant for the event
- acknowledge Whangarei District Council in all publicity
- spend the grant on the purpose for which the application was made within 12 months of funding being approved
- return any unspent money to Whangarei District Council if the event is completed under budget
- meet any additional terms and conditions that may be set by the Community Funding Committee
- acknowledge that we will be liable to return any monies granted should any breach of the above conditions occur.

We will submit an Impact Report within two months of the completion of the project to Whangarei District Council attaching copies of all invoices and/or receipts accounting for the full amount of the grant. We understand that failure to do so will affect future funding applications.

We consent to the Whangarei District Council recording the personal contact details provided in this application, retaining and using this information to send us relevant Council information.

We understand that my name and/or the name of my group/organisation and brief details about the project/event may be released to the media or appear in publicity material.

We are aware that we have the right to have access to this information held by Council. This consent is given under the Privacy Act 1993.

Name	
Signature *	
Position in Group	
Date	

\* We prefer to receive applications by email (send to [funding@wdc.govt.nz](mailto:funding@wdc.govt.nz)). To include your signature, print and sign this page then attach a scan or photo of it to your application email. Alternatively, you can post or deliver the printed form to us or pop in to sign it.

*Final check – make sure you have:*

- Checked that the budget balances and have accounted for GST
- Attached quotes where available
- Attached your group's (or the umbrella group's) bank account details e.g. Bank Deposit Slip
- Attached your group's (and the umbrella group's) most recent set of financial accounts

Send your completed application with supporting documents to [funding@wdc.govt.nz](mailto:funding@wdc.govt.nz).