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| **Annual Grants- Single Year Funding** |
| **APPLICATION FORM**  |

Community Grants –
*SINGL FORM*

All sections must be completed and supporting material attached to the back of the form (see section 8. Checklist).

More information can be found on our website [www.whakatane.govt.nz](http://www.whakatane.govt.nz)
or by contacting Sharon Major, Community Funding Advisor on (07) 306 0500

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|  | **Applications must be submitted by 5pm on 27 October 2023** |  |
|  |
| Completed applications must be emailed to: | Community Funding Advisor grants@whakatane.govt.nz |
|  |
| **1** |  **CONTACT DETAILS** |
|  |
| 1.1 | Name of organisation: |
|  |
| 1.2 | Name of principal contact: |
|  | Position held in group: |
|  | Phone (day): | Website: |
|  | Email:  |
|  | Postal address for correspondence: |
|  |  |
|  |  |
|  |
| 1.3 | Name of secondary contact: |
|  | Position held in group: |
|  | Phone (day): | Website:  |
|  | Email:  |
|  | Postal address for correspondence: |
|  |  |
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| **2** |  **ABOUT YOUR ORGANISATION** |
|  |
| 2.1 | Which of the following describes your organisation? | Incorporated society: |  |
|  |   | Trust: |  |
|  |  | Other (please specify):  |   |
|  |
| 2.2 | How long has your organisation been operating? |
|  |
| 2.3 | What are your group's main objectives and activities? |
|  |   |
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| 2.4 | How many paid staff in your organisation?  |
|  | How many volunteer staff in your organisation?  |
|  | How many people does your group work with in a typical week? *(i.e. the total number including clients, members, participants)* |
|  |   |
|  |
| 2.5 | Is your group GST registered? |  | Yes |  | No |
|  | If Yes, record your GST number here: |
|  |
| 2.6 | Please record your Bank Account number here\*:  |
|  | *\* please attach a bank generated deposit slip to the back of this application form to confirm account details.* |
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| **3** |  **ABOUT YOUR FUNDING REQUEST** |
|  |
| 3.1 | Please provide a title for the project, service or proposal for which you are seeking funding (max 8 words): |
|  |   |
|  |
| 3.2 |  | Cost of your project or service:(This should match table 5.1) | Amount requested from Council: (This should match table 5.1) |
|  | **TOTAL** | $ | $ |
|  |
| 3.3 | Give a brief description of the project, service or proposal for which you are seeking funding *(if you have a separate project plan or require more space, please list the key points here and attach a full description of your proposal to the back of this form):* |
|  |   |
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| 3.4 | How long does the project, service or proposal run? | Starts: |  |
|  |   | Finishes: |  |
|  |   | Ongoing: |  |
|  |

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| **4** |  **OUTCOMES AND OUTPUTS OF YOUR PROJECT, SERVICE OR PROPOSAL** |
|  |
| 4.1 | How will you know if your project, service or proposal is successful, and what are the benefits to the community? |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |
| 4.2 | How does your proposal directly support one or more of the Community Outcomes of the Whakatane District?  |
|  |   | **Effective Leadership** - Striving for our Future Wellbeing |
|  |   | **Community Needs** – A caring community |
|  |   | **Quality Services** – Excellent Value for Money |
|  |   | **Valuing our Environment**  - Sustaining for future generations |
|  |   | **Reliable and Affordable Infrastructure** – Meeting current and future needs |
|  |   | **Sustainable Economic Development** – Working in partnership |
|  |   |
|  |
| 4.3 | What will happen to the project, service or proposal if this funding application is unsuccessful, or if only a portion of the funds are received? |
|  |   | The project will proceed as outlined |
|  |   | The project will be delayed (please specify expected length of delay): |  |
|  |   | The project will be downgraded  |
|  |   | The project will be prevented from being carried out |
|  | Other (please specify): |
|  |   |
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| **5** |
| 5.1 |
|  | Income for project or service |
|  | Description of cost\* | $ | Income source | $ |
|  | Salaries / wages | $ | Applicant organisation’s contribution | $ |
|  | Postage / telephone / administration | $ | Fundraising | $ |
|  | Advertising / promotion | $ | Donations / sponsorship | $ |
|  | Professional fees | $ | Entry fees | $ |
|  | Travel costs | $ | Value of donated material | $ |
|  | Project materials | $ | Grants (please specify):  | $ |
|  | Labour cost | $ |   |  |
|  | Venue / equipment hire | $ |   |  |
|  | Other costs (please specify):  | $ |   |  |
|  |   |  |  |  |
|  |   |  | Other income (please specify): | $ |
|  |   |  |  |  |
|  |   |  |  |  |
|  | TOTAL ESTIMATED COST | $ | TOTAL INCOME | $ |
|  |
|  | TOTAL FUNDING SHORT FALL  | $ |

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| **6** |  **FINANCIAL DETAILS OF YOUR ORGANISATION**  |
|   | **Note: All figures to include GST (if any).**  |
|  |
| 6.1 |  | Last financial year | This financial year (to date of application) |
|  | What was your organisation's total income (money received)? \* |  $ |  $ |
| What was your organisation's total expenditure (money spent)? \* |  $ |  $ |
|  | *\* Please attach a copy of your latest audited accounts or balance sheet or, if you are a new group, a statement of estimated income and expenditure for your first year* |
|  |
| 6.2 | What is the current total of your bank balances (including savings and investments)? |  $ |
|  | How much (if any) of this total is tagged or committed to other purposes?*Tagged or committed means a sum of money that has been set aside from your day to day operating funds, for a specific project or purpose (e.g. building project, forthcoming event)* | Amount tagged  | Purpose |
|  | $ |   |
|  | $ |   |
|  | $ |  |
|  | $ |  |
|  | $ |   |
|  |
| 6.3 | What funding assistance has your group/organisation received from the Council over the past 3 years: |
|  | Year | Amount received | Purpose |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
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| **7** |  **DECLARATION** |
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|  | We the undersigned do solemnly and sincerely declare and acknowledge that: |
|  | • • • •  | The details we have given in all sections of this application are true and correct to the best of our knowledge.We have the authority to commit our group to this application.All information contained in this application is subject to the Local Government Official Information and Meetings Act 1987, and therefore this information may be released upon request.The Council may collect from third parties any information it deems necessary about the applicant or the application. |
|  |   |
|  | Name: |  |
|  | Position held in group: |  |
|  | Signature: |  |
|  | Date: |  |
|  | Name: |  |
|  | Position held in group: |  |
|  | Signature: |  |
|  | Date: |  |
|  |
| **8** |  **CHECKLIST** |
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|  | Please complete the following checklist to ensure you have completed the application process and attached all necessary information: |
|  |  | All sections of this form have been completed |
|  |  | You have attached a bank generated deposit slip verifying your bank account details (2.6) |
|  |  | You have attached a separate copy of your project plan where one has been developed (3.3) |
|  |  | You have attached quotes for expenses for your project service or proposal where these have been obtained (5.1) |
|  |  | You have attached a copy of your latest audited accounts or balance sheet or, if you are a new group, a statement of estimated income and expenditure for your first year (6.1) |
|  |  | The declaration form has been signed by two members of your organisation that have the authority to do so (7) |
|  |  | You have made a copy of this application for your future reference |