

# Community Development Grants Application Form ANNUAL 2009



Please note these funds are to **assist** your project or service **not** to fund it completely

## 1. Details of your Organisation

Organisation Name:					
Postal Address:					
Are You:	An Incorporated Society?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	A formally constituted Society?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	A Trust?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Member Organisation of a National Body?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	A Not for Profit Organisation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
GST No:					

*Please attach copies of your latest annual accounts for the last two years*

Direct Credit to Bank Account *(Include Encoded Deposit Slip if possible)*

Account Name:				
Account No:				
Bank:				
Branch:				

## 2. Description of your Project

Event – How many years has the event been running?

<input type="checkbox"/>	New Event	<input type="checkbox"/>	1yr	<input type="checkbox"/>	2yrs	<input type="checkbox"/>	3yrs	<input type="checkbox"/>	4yrs	<input type="checkbox"/>	5yrs+
<input type="checkbox"/>	Capital Expenditure, <i>eg, purchase of equipment</i>										
<input type="checkbox"/>	Operational Funding, <i>eg, rates, power, minor equipment, telephone, providing a service (such as entertainment, etc)</i>										
<input type="checkbox"/>	Facility Development – What type of facility development does your project involve?										
<input type="checkbox"/>	New facility					<input type="checkbox"/>	Improvement of existing facility				

How many other community organisations will use this facility?


Give details of the project/service (including dates) that you want this funding for:


Council has developed a Long Term Community Plan. This is based around a group of Community Outcomes.

Please identify what benefits your project will add to our community.

Tick as many or as few, as you think are appropriate.

<b>Community Outcomes</b>			
<b>2.</b>	<b>Standing tall together</b>		
CO2.1	South Waikato has a positive image to anchor community pride and new investment.		
CO2.2	Māori, Pacific Island and other cultures are recognised, understood and celebrated.		
CO2.3	South Waikato is renowned for its flourishing arts and culture.		
CO2.4	South Waikato's history is protected and preserved.		
CO2.5	Māori and Pacific Island people are consulted in ways appropriate to them.		
CO2.6	Young people are involved in organising events and participating in decisions that affect them.		
<b>3.</b>	<b>Vibrant, growing communities</b>		
CO3.3	Young people are provided with constructive activities outside of school.		
CO3.6	Health care and education are well resourced and accessible for all people.		
CO3.7	Facilities, services and community events are affordable and accessible.		
CO3.9	Everyone has the opportunity and encouragement to lead a healthy, active lifestyle.		
<b>5.</b>	<b>A better environment for our children</b>		
CO5.3	Young people are actively involved in caring for their environment.		
<b>3. Benefits of your Project/Service</b>			
Is your project/service focused within the South Waikato District?		<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are the benefits for our community from your project/service?			
<input type="checkbox"/>	Cultural	<input type="checkbox"/>	Economic <input type="checkbox"/>
<input type="checkbox"/>	Social	<input type="checkbox"/>	Environmental
Please describe:			
Will your project/service provide any other benefits/spin-offs for the wider community?			
<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/> If yes, please give details

#### 4. Ownership/Responsibility for Equipment or Facilities

*(If your application is for funds to purchase equipment or improve facilities, please complete this section)*

Who will own the equipment/facilities?

If your organisation ceases to operate, is there provision in your constitution for the equipment to be vested in a similar organisation?

Yes     No    If yes, please give details

Who will be responsible for care and security and future operating and maintenance costs?

#### 5. Accessibility

Will other members of the community be able to participate in and benefit from your project/service?

Yes     No    If yes, please give details

Please indicate how many people will participate in the project/service

Direct members of your organisation or group (ie, participants)

Other members of your organisation or group (ie, spectators)

If you are applying for an established event/service, please supply participation number for previous two years:

Year:	2007	2008
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Direct members of your organisation or group (ie, participants)		
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Other members of the general public or community		
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If your application is for funds to purchase equipment or improve facilities, please complete this next section.

Does your group work or collaborate with other community organisations?

Yes     No    If yes, please give details

## 6. Project/Service/Equipment

- If you are registered for GST please **do not** include GST in these costs.
- Please round all figures to the nearest dollar
- Please list separate costs and not just a total figure
- It is recommended that at least two recent quotes from local suppliers are sought (where appropriate)

Expenditure (cost of the project)	\$	Income (how you plan to fund the project)	\$
<b>A. Total Cost of Project</b>	<b>\$</b>	<b>B. Other Funds for Project</b>	<b>\$</b>
Total Cost of Project (A above)			
Less Other Funds for Project (B above)			
= Amount Applied For			

## 7. Funding for this Project

Have you applied to, or do you intend to apply to, or will you receive funding from, any other body for this project/service?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please give details

## 8. Previous Funding Assistance

Have you received financial assistance from any organisation during the last three years for any purpose other than this project/service?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please give details

Please specify if you receive any other assistance from the South Waikato District Council, eg, rates relief, reduced rental, subsidised fees/charges, etc.




## 12. Declaration and Consent under Privacy Act 1993

This must be signed by two people from your organisation – one must be the Chairperson. (These people may be contacted if more information is required.)

We hereby declare that the information supplied here on behalf of our organisation is correct. We consent to the South Waikato District Council collecting the details provided, retaining and using them for purposes of review of the Community Development Funding Scheme. We acknowledge our right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

	Chairperson	Second Contact Person
Name:		
Address:		
Daytime Phone:		
Email:		
Position:		
Signature:		
Date:		

### Checklist – Have you.....

<input type="checkbox"/>	Attached two copies of financial accounts? (i.e. covering previous two years)
<input type="checkbox"/>	Answered <b>ALL</b> the questions?
<input type="checkbox"/>	Checked that your figures add up?
<input type="checkbox"/>	Furnished the details of two contact people?
<input type="checkbox"/>	Taken a copy of this application for your records?

Send completed form to:	South Waikato District Council Private Bag 7 TOKOROA 3444 Attention: Community Development Co-ordinator
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If you need any further information, please feel free to contact the  
Community Resource Co-ordinator on (07) 885 0776.

**APPLICATIONS CLOSE AT NOON  
ON FRIDAY 28 August 2009**