

## Community Development Grant

Application Form

# ANNUAL 2019/20

Please note: Your organisation **must be** not for profit and your project/service **must be** focused within the South Waikato District.

These funds are to assist your project or service not to fund it completely.

If your organisation has received previous funding from Council and has not completed an accountability form regarding those funds, this application will not be considered.

Please print clearly when filling out this application form. However, we do prefer electronically completed application forms. You can do this by going to the following link: <https://eservices.southwaikato.govt.nz/online-services/new/Grants/step/1>

Applications will not be considered where the project/activity is in retrospect (already occurred) prior to allocation of funds

Please answer all questions on the application form (do not use 'please see attached') if you need more room please use additional pages and clearly mark the page with the appropriate section e.g. **Partnerships Question 9 (continued)**

If you have any queries regarding this application call 07 885 0340 or e-mail [grants@southwaikato.govt.nz](mailto:grants@southwaikato.govt.nz)

**FOR A FAST AND EASY APPLICATION APPLY ONLINE TODAY AT**

<https://eservices.southwaikato.govt.nz/online-services/new/Grants>

## Organisation

### ORGANISATION AND LEGAL STATUS INFORMATION

1 What is the name of your organisation?

2 Select one of the following categories that best describes your organisations status (please tick)

- Charitable Trust     
  Incorporated Society     
  Education Institution     
  Local Authority  
 Not a Legal Entity     
  Māori Reservation     
  Other

3 If your organisation is registered with Charities Services, please advise the registration number.

4 When was your organisation formed?

5 Is your organisation controlled by or affiliated to any other organisation, if yes please specify.

6

#### POSTAL ADDRESS

Street/PO Box

Town

Postcode

Phone

Email

#### PHYSICAL ADDRESS (if different from post address)

Street/PO Box

Town

Postcode

## BANK ACCOUNT DETAILS

Account Name	<input type="text"/>
Account Number	<input type="text"/>
GST Registered	<input type="radio"/> YES <input type="radio"/> NO

Bank	<input type="text"/>
Branch	<input type="text"/>
GST Number:	<input type="text"/>

## CONTACTS

### CONTACT PERSON AND PRINCIPAL OFFICERS

Please identify one appropriate person who can be contacted by South Waikato District Council regarding your application and up to three officers.

#### 7 PRIMARY CONTACT

First Name	<input type="text"/>	Last Name	<input type="text"/>
Position	<input type="text"/>	Email	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>

#### OFFICERS

First Name	<input type="text"/>	Last Name	<input type="text"/>
Position	<input type="text"/>	Email	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>

First Name	<input type="text"/>	Last Name	<input type="text"/>
Position	<input type="text"/>	Email	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>

First Name	<input type="text"/>	Last Name	<input type="text"/>
Position	<input type="text"/>	Email	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>

## ORGANISATION DETAILS

### INFORMATION ABOUT YOUR ORGANISATION

8 State your organisations purpose and objectives:

## PARTNERSHIPS

9 Does your organisation partner collaboratively with others? Provide details of collaboration.

## CULTURAL IDENTITY

10 Does your organisation primarily identify as:

- Māori
- Asian
- European
- Pacific Island (specify)
- Other (specify)

## SERVICES/PROGRAMMES

11 What services and/or programmes does your organisation currently provide?

## STAFF VOLUNTEERS

12 Full-time staff  Part time / casual staff  Volunteers

13 What do your volunteers do?

## MEMBERSHIP

- 14 How many members belong to your organisation?
- 15 How many people accessed your service over the past year?
- 16 What age group does your organisation primarily identify with?
- Children under 5       Children 5-14
- Youth 15-24       Adult 24-64
- Seniors 65+       Don't know

## Financial Position

### Organisations Financial Position

## INCOME

- 17 What are your usual sources of funds?

### FINANCIAL SUMMARY FROM THE LATEST ANNUAL FINANCIAL STATEMENTS

**(Please attach a copy)**

18	Summary for financial year ending				/ /	
	Income	\$	Expenses	\$	Surplus / deficit	\$
	Current funds in hand (total bank balance)		\$		as at	/ /

## TAGGED FUNDS

- 19 Indicate if any funds are tagged for specific purposes.

Description	Amount	\$
Description	Amount	\$
Description	Amount	\$

- 20 Do you anticipate any significant change in your organisations financial circumstances in the next 12 months?

No       Yes (if yes please explain)

## ACCOUNTABILITY

- 21 If you have previously received a South Waikato District Council Community Development Grant please provide brief details below. **Please note you cannot apply for a new grant of you have not completed accountability for a previous grant.**

Accountability completed?
When was it received?
Amount received?
Purpose:

## PROJECT

### PROJECT/ACTIVITY/SERVICE

22 What are you seeking this grant for?

Detail (optional)

Additional details may be provided e.g.: Quotes, feasibility, business plans, budgets, information on existing programmes or services.

Amount requested:

\$

## PROJECT DATES

When will your project start and finish  
(if applicable)

Start Date

End Date

## COMMUNITY BENEFIT

23 What will be the benefits of your project / activity / service? Who will benefit? How many people? How will they benefit?

## ECONOMIC BENEFIT

24 Does it provide any economic benefit?

## COMMUNITY NEED

25 Explain the community need for this project / activity / service?

## SOUTH WAIKATO DISTRICT STRATEGIC FIT

26 What South Waikato District Council strategy does your project / activity or service best fit with and why?

1. *Engaged community: We encourage and support an engaged social community through the provision of our services and facilities*

2. *Safe and healthy community: We regulate, advocate for, and support where we can, improved safety and health for our people*

3. *Improving image: We focus on improving the image and perception of the South Waikato District*

4. *Growing economy: We support and encourage existing businesses and endeavour to attract new businesses to the district*

5. *Diverse economy: We encourage the economic base in the district to diversify, especially in relation to tourism*

6. *Sustainable environment: We want the South Waikato District Council to lead the community in sustainable development*

7. *Well managed environment: Council's infrastructure is sustainable and contributes positively to the district environment*

8. *Celebration of culture: We celebrate the artistic and cultural achievements of our people, and the diversity of their cultures*

9. *Cultural leadership: We support and encourage cultural leadership and capacity building*

## FINANCIAL DETAILS OF YOUR PROJECT/ACTIVITY/SERVICE

27 If you are registered for GST do not include GST in these costs. Round figures to the nearest dollar.  
Attach budgets, quotes etc ...

Cost Items <i>(description of costs)</i>	\$ Amount
TOTAL A	\$

Funding sources: list ALL funders applied to and own contribution <i>(if any)</i>	Confirmed <i>(Tick for "yes")</i>	\$ Amount
	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	
TOTAL B		\$

Total Cost of Project (A) \$

Less Other Funds (B) \$

= Amount that your organisation is applying for from the Community Development Grants funding pool \$

# Attachments / Declaration

## DECLARATION AND CONSENT UNDER PRIVACY ACT 1993

This must be signed by two people from your organisation – one must be the Chairperson/President. (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.

Name	
Address	
Position	
Phone	Email
Signature	Date

Name	
Address	
Position	
Phone	Email
Signature	Date

## FINAL CHECKLIST

**ALL** following information needs to be included within or accompany your application at the time of submission.

- We have answered ALL questions on this form
- We have attached or supplied a minimum 2 letters of support from someone outside of your organisation supporting your project / activity or service
- We have attached or supplied a copy of financial accounts
- We have attached or supplied two current quotes / prices
- We have attached a printed bank deposit slip
- we have checked the budget figures add up correctly
- We have taken a copy of this application for our records

**Closing Date:** Friday 26 April 2019, 4:30pm

**Allocation Date:** Wednesday 29 May 2019

**E-mail:** [grants@southwaikato.govt.nz](mailto:grants@southwaikato.govt.nz)

Post: Private bag 7, TOKOROA, 3444

Hand Deliver to: South Waikato District Council, Cnr Torphin Cres / Roslin Street TOKOROA **or**

South Waikato District Council, Overdale Street PUTĀRURU **or**

The Dog in TĪRAU

If you have any queries regarding this application call us on 07 885 0340

LATE OR INCOMPLETE APPLICATIONS **WILL NOT** BE CONSIDERED