

1. About your Organisation

Full Name

Postal Address

Physical Location

Contact Numbers
Phone Mobile Fax

Email

GST Number

Legal Status

- Trust
 Formally Constituted Society
 Incorporated Society
 Informal Group or Committee
 Other (Please Describe)

Years of Operation

Organisational Categories

Please identify which of the following areas your organisation supports. Tick as many, or as few, as appropriate.

- | | | |
|--|--|---|
| <input type="radio"/> Culture and Recreation | <input type="radio"/> Environmental and Animal Protection | <input type="radio"/> International Organisations, Aid and Relief |
| <input type="radio"/> Education and Research | <input type="radio"/> Development and Housing | <input type="radio"/> Religious Congregations and Associations |
| <input type="radio"/> Health | <input type="radio"/> Civic and Advocacy Groups | <input type="radio"/> Not elsewhere classified |
| <input type="radio"/> Social Services and Emergency Relief | <input type="radio"/> Philanthropic Organisation, Aid and Relief | |

Purpose - What is the organisations main purpose and objectives?

Contact Persons

Two contact names are required. These must be the same people who make the declaration on behalf of your organisation on page 6 of the application.

Name	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Phone(day)	<input type="text"/>	Phone(day)	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

Referee Details

Name	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Phone(day)	<input type="text"/>	Phone(day)	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

Which of the following Community Categories will benefit from the project or initiative?
(Tick as many, or as few, as appropriate)

- Urban Rural All of District

2. About your Project or Initiative

Describe your Project

For example; Will this grant fund capital expenditure? (i.e. purchase of equipment). Will this grant fund the development of existing facilities or services?

Length of Project - How long will your project or initiative continue for?

Community Benefit - How will the community benefit from your project or initiative?

Project Focus - Is your project or initiative focused within the Waitomo District?

- Yes No

3. Community Outcomes and Funding Priorities

The basis of this Community Development Fund is to ensure recipients are undertaking projects that make a positive contribution to achieving the Council's Strategic Community Outcomes. Below is a list of Community Outcomes that contribute to the Community Development Group. Please identify which outcomes your project or activity will contribute to. Tick as many or as few as appropriate.

CO1 Cultural Heritage

A place where people are enriched by the multicultural values of all its people and, in particular, Maori heritage and culture are an inherent and valued part of decision making that affects community life.

CO2 Recreation and Social Amenities

A place where all age groups have the opportunity to enjoy social, cultural and sporting activities within our District.

CO3 Youth

1. A place where young people have access to education, training and work opportunities.
2. A place where young people feel valued and have opportunities for input into the District.

CO4 Vibrant and Prosperous District

1. A place that attracts more people who want to live, work and play, and raise a family.
2. A place where wealth and employment are created through local businesses and development of tourism opportunities.

4. Funding for this Project or Initiative

- If you are GST registered please do not include GST in these costs.
- Please round all figures to the nearest dollar.
- Please list separate costs (attached written estimates for verification) and not just a total figure.

Expenditure Cost of the project	\$	Income How do you plan to fund the project	\$
A Total Cost of Project/Service		B Funds for Project/Service	
Total amount applied for(A - B)	\$		

5. Funding from other Parties for this Project or Initiative

Have you applied to, do you intend to apply to, or will you receive funding from any other group for the project or initiative?

No Yes

If Yes, please detail below:

Name of Group	\$

6. Previous Council funding for this Project or any other Service

Have you received financial assistance from Waitomo District Council during the last three years for any purpose? (i.e. rates relief, reduced rental, Triennial Grant / Discretionary Grants)

No Yes

If Yes, please detail below:

What was the purpose of funding?	\$

7. Previous Funding for any other Projects or Initiative

Have you received financial assistance from any other body or organisation during the last three years for any purpose?

No Yes

If Yes, please detail below:

What was the purpose of funding?	\$

8. Financial Accounts

Please supply a copy of your organisations last Annual Financial Report, or, in the absence of the Financial Report, a statement of income and expenditure for the past 12 months. If neither of these documents is available, please explain why below and attach a copy of your organisations latest bank statement/s.

9. Volunteer Support

What level of volunteer support will this project or service receive from your organisation?

Number of volunteer workers involved?

Describe the work volunteers will undertake

Resources supplied by volunteers

10. Further Information

Please add any further information you may wish to provide. This could include details of voluntary input towards the project or service and how you think the project will benefit our community, or what the impact would be on the community if the project is not provided. Letters of support from other organisations within the community would assist with defining the level of community benefit.

11. Declaration and Consent

In making this funding application I/we declare that:

1. I/We are authorised to do so and to the best of my/our knowledge the information contained herein is true and correct.
2. I/We have read the Community Development Funding Policy and understand and meet the criteria for applying to the Community Partnership Fund.
3. Any funding received will be used for the project/initiative for which is was approved.
4. If the application is successful, on completion of our project/initiative, I/we agree to provide an Accountability Report to the Waitomo District Council.
5. I/We also consent to the Waitomo District Council collecting, retaining and using the contact details of our organisation that have been listed in this application.
6. I/We agree to repay Waitomo District Council all funding that is not used for the purposes outlined in this application.

Name

Name

Signature

Signature

Position

Position

Date

Date

12. Checklist

Please read and complete the following before submitting your application. Incomplete or late applications will not be accepted.

Have you:

Office
Use

Applicant Use

- Completed **ALL** sections of the application?
- Checked **ALL** figures within the application?
- Attached a copy of your Financial Report/Accounts?
- Attached a detailed Business Plan?
- Attached Referee Details - Letters of Support?
- Attached a Bank Deposit Slip (If a donation is approved, payment will be direct credited into your nominated account)

Please send completed applications to:

Waitomo District Council
PO Box 404
Te Kuiti 3941

Ph: 07 878 0800
Fax: 07 878 7771