

# Community Development Grants

## Application Form

### MULTI-YEAR FUNDING 2011



OFFICE USE ONLY

Please note: Your organisation must be not for profit and your project 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

#### 1. Details of your Organisation

Organisation Name:					
Postal Address:					
Are You:	An Incorporated Society?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	A Trust?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Registered with the Charities Commission? If yes please supply your number:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Member Organisation of a National Body?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Contact Person:</b>	Please identify an appropriate person who can be contacted regarding your application				
Name					
Position					
Phone	Day:	<input type="text"/>	Evening:	<input type="text"/>	
Email:					

**Please provide a printed bank deposit slip for the account to be credited if your application is approved**

GST No:				
<b>Membership:</b>	Current Members	<input type="text"/>	Volunteers:	<input type="text"/>

Which organisations do you currently collaborate with to meet your core functions and goals?


What services or programmes does your organisation currently provide?




<b>History</b>			
If you are applying for an established project please supply participation numbers for previous two years:			
Year:	2009	2010	
Direct members of your organisation or group (ie, participants)			
Other members of the general public or community			
<b>3. Financial</b>			
<ul style="list-style-type: none"> <li>➤ <b>If you are registered for GST please do not include GST in these costs.</b></li> <li>➤ Please round all figures to the nearest dollar</li> <li>➤ Please list separate costs and not just a total figure</li> <li>➤ It is recommended that at least two recent quotes from local suppliers are sought (where appropriate)</li> </ul>			
<b>Expenditure</b> (cost of the project)	\$	<b>Income</b> (how you plan to fund the project) Do not include funds sought from this application	\$
<b>A. Total cost of project</b>	\$	<b>B. Other funds for project</b>	
Total cost of project (A above)			
Less other funds for project (B above)			
= Amount applied for from Council			
What other methods is your organisation/group using to source funds for this project?			
Please indicate your funding requirements from Council for the next three years:			
\$	Year 1	\$	Year 2
\$		\$	Year 3
Explain why your require funding for the project/service for longer than one year:			
<b>Previous Funding Assistance</b>			
Please specify if you receive any other assistance from the South Waikato District Council, eg, rates relief, reduced rental, subsidised fees/charges, inkind support etc.			

#### 4. Additional Information

**Assistance** – Did a representative of your organisation use any Council assistance in aiding you with your applications i.e. attend funding seminar, Community Connect website or staff assistance

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes please give details
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**Letters of Support:** Do you have any letters of support for this project/service?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please list below and attach the letters
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#### 5. 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 a copy of financial accounts covering the previous two years?
<input type="checkbox"/>	Answered <b>ALL</b> the questions?
<input type="checkbox"/>	Got two current quotes?
<input type="checkbox"/>	Attached a printed bank deposit slip?
<input type="checkbox"/>	Ensured the Chairperson and one other has signed this application?
<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 Development Staff on (07) 885 0340

**APPLICATIONS CLOSE AT NOON  
ON FRIDAY 2<sup>nd</sup> SEPTEMBER 2011**