

Mangawhai Endowment Fund

Application for Financial Assistance

▪ **Applicant:**.....

▪ **Applicant's Postal Address:**

.....

▪ **Contact Persons**

1. **Phone (Day)**

2. **Phone (Day)**

▪ **Purpose For Which Applicant Exists:-**

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.....

.....

▪ **Membership**

Senior Financial Members: Subscription: \$

Child Financial Members: Subscription: \$

Social Financial Members: Subscription: \$

Non-Financial Members:

Other Comments:

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Eligibility

- Does your organisation represent predominantly Mangawhai residents. Yes / No
- Is your organisation a legally constituted society or trust. Yes / No
- Does your organisation have a Committee and rules for operation of the organisation. Yes / No
- Is your project non-political. Yes / No
- Is your project not normally undertaken by Central or Local Government. Yes / No
- Has your organisation already raised at least 33% of the cost of the project. Yes / No
- Does your project duplicate facilities in the Mangawhai area. Yes / No
- Is your organisation able to account for and provide audit trails of you expenditure. Yes / No

If you have answered "No" to any of the above you may be ineligible for financial assistance from the Mangawhai Endowment Fund. You should provide a further detailed explanation.

Project

Description:

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Total Cost :	\$	
Amount of Application		
Balance	\$	
Balance to be funded from:-		
Already spent	\$	
Cash in hand	\$	
Loans/Mortgages/Debentures	\$	
Sponsorship	\$	
User fees	\$	
Future fundraising	\$	
Other	\$	
Total	\$	

▪ **Summary of fundraising efforts for this project:-**

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.....

▪ **Applications to other bodies for assistance:- Yes / No**

Organisation	Amount
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

▪ **Are you entitled to funding from other sources for this project:- Yes / No**

Organisation	Amount
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

- **Application**
- **Amount applied for:** \$
- **This application is for a loan / grant** (delete whichever is not applicable)
- **Has your organisation received any financial assistance in the last three years:-** Yes / No

Year Amount	Organisation	Project	
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

- **How will this project benefit Mangawhai?**
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- **Other information which may assist the consideration of this application for financial assistance.**
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- **Describe how your organisation will make provision for continued community use of any facility assisted under this scheme in the event of the organisation ceasing to exist.**
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Declaration

I hereby declare that I am authorised to make this application on behalf of the applicant; and that the above information is full and correct; and that the applicant will complete the required claim forms when seeking any funding approved as a result of this application.

Signature

Full Name

Designation

Check List

Closing date for Applications: **TUESDAY 31 July 2007**

Have you attached your latest audited accounts	Yes / No
Have you fully answered all the questions	Yes / No
Do your figures add up and agree	Yes / No
Have you included all of your attachments	Yes / No

If you have answered "No" to any of the above your application may not be able to be considered.

Send completed application form to :

**Chief Executive
 Kaipara District Council
 Private Bag 1001
 Dargaville 0310**