

Reserve Contributions Fund Application for projects not exceeding \$20,000

Please indicate which community catchment this application relates to (refer to Reserve Contributions (use of) Policy map.

Dargaville and surrounds Maungaturoto, Paparoa, Tinopai and surrounds Mangawhai and surrounds Kaiwaka and surrounds 1 Name of Organisation Postal address of Organisation 2 Postcode 3 **Organisation Contact Person** Position Name Telephone Email 4 **Organisation Purpose** Is your organisation a Registered Incorporated Society? 5a Yes No If yes, please supply your registration number 5b Is your organisation registered with the Charities Commission? Yes No If yes, please supply your registration number If you have answered 'No' to questions 5a and 5b, is your organisation under an umbrella of another organisation that is a Registered Incorporated Society or registered with the Charities Commission? Please provide the following umbrella organisation details: Name Address **Registered Incorporated Society number** Charities Commission number 6 Is your organisation GST registered?

No

If yes, please supply GST number



Describe the project you require funding for (please attach additional sheets if necessary)
 Name of project
 Address/location of project
 Project description

- 8 What support do you have in the community for your project? (*please describe how your project came about, who you have talked with about it and what response you have had. If you have undertaken any surveys or petitions, then please include these*)
- **9** How does the project meet the eligibility criteria in the Reserve Contributions (use of) Policy? The Policy is available on the Council's website and a hardcopy on request.

10a How much will your project cost? (please provide **all** costs and **all** sources of income for the project you are planning. Please provide a breakdown on how you will spend the funding.

| Item | *Cost \$ | Funding source/in kind |
|-------|----------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | |

*Please provide at least two quotes for each item. If your organisation is GST registered, please use GST exclusive pricing. If your organisation is not GST registered, please use GST inclusive pricing.



10b What is the amount you are applying for in this funding application?.

| Item | *Cost \$ |
|-------|----------|
| | |
| | |
| | |
| | |
| | |
| TOTAL | |

*Please provide at least two quotes for each item. If your organisation is GST registered, please use GST exclusive pricing. If your organisation is not GST registered, please use GST inclusive pricing.

11 Does anyone in your organisation have a conflict of interest with any of the contractors providing the quotes? If yes, please complete the table below.

| Name of person in your organisation and his/her role | Contractor | Relationship |
|--|------------|--------------|
| | | |
| | | |
| | | |
| | | |

| 12 | Does your project require a resource consent? | Yes | No | |
|----|---|-----|----|--|
| | If yes, how will this be funded? | | | |

- 13
 Do you receive any funding from a central government agency?
 Yes
 No

 If yes, which Agency(ies) and how much?
 Yes
 Yes
- 14 What other sources of funding have you gained and what funding do you intend to apply for in order to complete your project? *(include any current funding applications for Council grants i.e. MELA, Community Grants)*



15 Will ongoing funding be required for your project?

Yes No

If yes, how will this funding be obtained?

16 What part of this project will be undertaken by volunteers?

17 What part of this project has donated materials?

Please include the following information to support your expression of interest:

| Constitution, Rules or Trust Deed |
|---|
| Meeting minutes/stand-alone resolution (<i>if applicable</i>) |
| Reviewed or audited financial statement for the previous year |
| Project plan |
| Quotes |
| Budget |
| Maintenance plan (if applicable) |
| Any other supporting documents |

| Contact person | | | |
|--------------------------|--------|--------|----------|
| Position in organisation | | | |
| Address | | | |
| Contact telephone | (home) | (work) | (mobile) |
| Email: | | | |
| Signature of contact | | | |
| person | | | |



Name of person completing this application

Position in organisation

Contact telephone (home) (work) (mobile)

Email

Signature (if different to contact person)

Date