

## **Application Form**

1.	Organisation Name
2.	Organisation Postal Address
3.	Organisation Contact Person
Na	me
Ph	oneEmail
4.	Organisation Purpose
5a	Is your organisation a Registered Incorporated Society?
	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 Charities Commission number
5c.	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?
	Yes / No If yes, please supply GST number
Ple	ease note: If your organisation is GST registered and you are making a taxable supply, Council shall not

be obliged to make any payment of the Grant plus GST until a valid GST invoice has been provided to

Council, following the approval of the grant.



7. Describe the project you require funding for an	d how it fits the Commu	nity Grants criteria (please attach
additional sheets)		
8. Where is your project located?		
What support do you have in the community fo	r vour project? (please d	describe how your project came
about, who you have talked with about it and what		
surveys or petitions, then please include these)		,
10. How are your principal functions and/or activit	ties of a not for profit nat	ure?
11. Is this service or project already provided by a	nother aroup or agency	? If ves, what and by whom?
	ee. g.eap e. ageey	, , ,
12. How much will your project cost? – Please pro	ovide <b>all</b> costs and <b>all</b> so	ources of income for the project
you are planning. Please provide a breakdown or		
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.

13.	What is the amount	vou are appl	vina for in	this funding	application?

18. Will ongoing funding be required for your project? Yes/No

Item	Cost*
Total	

14. 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	Contractor	Relationship
organisation and his/her role		
15. Does your project require a Re	source Consent and if yes, how will	this be funded?
16. Do you receive any funding from	m a central government agency?	Yes / No
If was subject Assessment (is a) and become		
if yes, which Agency(les) and now l	much?	
.=		
	have you gained and what funding o	
complete your project? (include any	y current funding applications for Co	uncil grants i.e. Community Grants,
external agencies)		

If yes, how will this funding be obtained?.....



19. Please	include the following information to support yo	ur application:
	☐ Constitution, Rules or Trust Deed	
	☐ Meeting minutes/standalone resolution (if	applicable)
	☐ Reviewed or audited financial statement for	or the previous year
	☐ Quotes	
	☐ Budget	
	☐ Any other supporting	
Contact pe	erson	
Position in	organisation	
Address		
Telephone	(home)	(work)
Mobile	Email	
	·	
Name of pe	erson completing this application	
Position in	organisation	
	-	nail
•		
Signature (	(if different to contact person)	