Whārangi Tono Pūtea Kōwhiri-ā-rohe

**Local Discretionary Fund Application Form**

Eltham-Kaponga Ward

**Attachment Details**

**You MUST attach the following information:**

* A full set of accounts/financial statements and a copy of your most recent bank statement
* Quotes for your project costs
* Copy of meeting minutes confirming group’s approval to apply to this fund

**Please make sure you have attached the following information:**

* Evidence you have applied to other funding sources and the results.

**If you are unable to provide any of the above, please give an explanation below** *(use a separate sheet if needed).*

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**Conflict of Interest**

Council acknowledges that in small communities it can be hard to avoid conflicts of interest. If someone relevant to this application has a conflict of interest it must be declared, and any quote provided, or work carried out must meet all legal requirements and be of fair comparison. Council acts in good faith when allocating funding to applicants and should a conflict of interest not be declared or work undertaken that does not meet legal requirements, the Council reserves the right to revoke the applicant’s ability to receive future funding.

**Is anyone involved with your project have a conflict of interest?**

* Yes ⬜ No

If yes, please provide details:

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**Fund Criteria**

The purpose of the Local Discretionary Fund is to fund small projects within the ward that encourage groups with non-profit making or charitable aims to develop services, facilities, amenities or programmes for: recreation and sport; entertainment and amusement; culture and arts; and the general benefit of the community.

This fund should generally be treated as a **LAST** resort after all other attempts to raise funds or obtain assistance have been unsuccessful.

**The following are ineligible for funding:**

* **Travel**
* **Individuals**
* **Gifts**
* **Conference attendance; and**
* **Food or catering costs.**
* **Successful applicants are required to provide a written report upon completion of their project.**
* **Applicants must acknowledge funding where appropriate.**

You will not normally be eligible for funding if you have already received funding from the Eltham-Kaponga Discretionary Fund this financial year (1 July – 30 June).

**Section 1 – Applicant Details**

**Name of group/organisation:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Email:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(**Note:** *all correspondence relating to your application will be sent to this email address in the first instance*)

**Postal Address (incl. Post code)** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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**Phone (day):** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Project:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Amount requested:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**What is the legal status of your group?**

⬜ Trust ⬜ Informal Community Committee

 ⬜ Incorporated Society

 ⬜ Other (please state) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Are you GST registered?** ⬜ Yes, GST Number . . . . . . . . . . . . . . . . . . . . . . . . . . . ⬜ No

**How many members does your group currently have?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Contact details** *(please provide two contacts for your group)*

  **Contact One Contact Two**

Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Position . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Phone . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**What is the purpose of your group?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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**How is your group normally funded?** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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**Section 2 – . Application Support**

**Would you like to speak in support of your application at the Board’s assessment meeting?**

⬜ Yes ⬜ No

**If yes, will you require the use of any electronic equipment or programmes?** *Please list equipment/programmes below i.e., PowerPoint.*

⬜ Yes ⬜ No

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**Section 3 – . Consultation**

**Is consultation required with Māori/local Iwi for your project?**

 Yes  No

**If so, how have you undertaken consultation and what feedback was provided?**

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**Section 4 – Financial Details**

**Project cost details**

*Applicants who are GST-registered need to provide budget figures that exclude GST. If you are not GST-registered your budget figures need to include GST.*

|  |  |
| --- | --- |
| **Item** | **Cost** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Project Cost:** | **$** |

**Project Income Details**

*Project income and other sources of income e.g. Other grants (including applications to other Community Boards), donations, discounts on services, own contribution, existing funds, expected fundraising.*

|  |  |  |
| --- | --- | --- |
| **Income Source** | **Confirmed** *(Yes/No/Awaiting Outcome)* | **Amount** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total Funds Available** | **$** |

**Funding Summary**

|  |  |
| --- | --- |
| Total Project Cost: | $ |
| Less/Minus Total Funds Available | $ |
| Difference/shortfall | $ |
| **Amount requested from Discretionary Fund** | **$** |

**Name of group/organisation:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Email:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Telephone (day): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

 **Section 6 – Privacy Statement**

The South Taranaki District Council (the Council) wishes to collect personal information from you, which includes your name and contact details. The Council is collecting your personal information to contact you and follow up with you regarding your application for funding.

Providing contact information is optional. If you choose not to provide your contact details, we are unable to follow up with you (if required), and this application form will be deemed incomplete.

The information will be archived until the fund ceases and following that, will be disposed of securely.

You have the right, under the Privacy Act 2020, to ask for a copy of any personal information we hold about you and to ask for it to be corrected if you think it is wrong. If you’d like to ask for a copy of your information, or to have it corrected, please contact us at privacyofficer@stdc.govt.nz, or 0800 111 323.

To view the Councils Privacy Policy, please visit the website: [**www.southtaranaki.com**](http://www.southtaranaki.com/)**.**

**Section 5 –**

**Project Details**

**Provide a brief project description:**

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**Project start date:** . . . . . . . . . . . . . . . . . .

**Project end date:** . . . . . . . . . . . . . . . . . . .

**Who will benefit from the project and how?**

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**INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT FOR COMPLETION**

*(please be aware this could delay the consideration/outcome of your application)*

**LATE APPLICATIONS WILL NOT BE CONSIDERED**

**Post:** Executive Assistant Community and Infrastructure

South Taranaki District Council

Private Bag 902

Hāwera, 4640

**Email:** funding@stdc.govt.nz

**Closing dates 2024**

Applications close on the following 2024 dates:

* Monday 8 January
* Monday 12 February
* Monday 25 March
* Thursday 2 May
* Thursday 13 June
* Thursday 25 July
* Thursday 5 September
* Thursday 10 October

**Section 7 - Declaration**

* I/we declare that we are a not-for-profit group *(A not-for-profit does not earn profits for its members. All of the money raised or donated is used in pursuing the group’s objectives)*
* I/we declare that the information supplied in this application is true and correct.
* I/we undertake that that I/we have obtained the consent of all people involved to provide these details.
* I/we understand that my/our organisation name and brief details about the project may be released to the media or appear in publicity material.
* I/we understand that the South Taranaki District Council is bound by the Local Government Official Information and Meetings Act 1987.

**If this application is successful, I/we agree to:**

* Use funding received through the Local Discretionary Fund solely for the project or purposes disclosed in our application.
* Provide a report for each year of funding no later than 30 June. Provide any receipts or invoices which may be requested by the funding administrators.
* Promote or acknowledge the support of the Community Board at every opportunity.
* Return funds to the Local Discretionary Fund for future allocations, should funding no longer be required, or is surplus or unspent from the agreed funded project.

**Please provide two members signatures**

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Signature: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Position in
group: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .