

Community Board Targeted Rate Fund Application

Form Preview

Welcome

Information to the applicant

- Complete this form for a grant from your Community Board in your ward.
- This application form is not intended for loans.
- The application must be made in the same name as the verified bank account.

Confirmation

When your application is submitted you will receive an automatic confirmation email that the application has been received from SmartyGrants.

If you do not receive an email confirmation, please check to see if the email has been treated as junk.

Details

* indicates a required field

Fund Details

What community Fund are you applying for? *

- Temuka Targeted Rate Fund
- Pleasant Point Targeted Rate Fund
- Geraldine Targeted Rate Fund

Applicant Details

Name of the Organisation/ Group/ Individual *

Organisation Name

How long has the organisation / group been operating?

Address of Organisation / Group / Individual

Address

How many people belong to the organisation / group applying?

Community Board Targeted Rate Fund Application Form Preview

What is the legal status and purpose of your organisation / group?

Is your organisation registered with the Charities Commission?

The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

New Zealand Charities Register Information
Charity Registration Number
Organisation Name
Other Names
Status
Street Address
Postal Address
Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

Is your organisation registered for GST? If yes, please enter your GST number here

Outline some of your organisation's / group's achievements during the last 12 months

Contact details of one person from the organisation who can provide more information if required

Name *

Email *

Must be an email address.

Community Board Targeted Rate Fund Application

Form Preview

Phone number

Project details

* indicates a required field

Project Details

Project title *

Describe your project here

Anticipated start date

Must be a date.

Project Budget

* indicates a required field

Total Amount Requested

*

What is the total financial support you are requesting in this application?

Total Project/Program Cost

What is the total budgeted cost (dollars) of your project?

Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

All amounts should be **GST exclusive**.

Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.

Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

Community Board Targeted Rate Fund Application

Form Preview

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	
			\$	
			\$	

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	

Budget Totals

Total Income Amount
 \$
 This number/amount is calculated.

Total Expenditure Amount
 \$
 This number/amount is calculated.

Income - Expenditure

 This number/amount is calculated.

Please attach relevant quotes for those expenditure (cost). *

Attach a file:

Please if an item is \$10,000 or more TWO quotes are required for that item

Bank Account *

Account Name

Account Number

Must be a valid New Zealand bank account format.

Bank account verification *

Attach a file:

This can be a bank statement or screenshot showing the account number and name. Please note, the bank account name must match the applicant's name.

Profit

Community Board Targeted Rate Fund Application

Form Preview

If there is any income (profit) raised through the project what will it be used for?

Applicant Capacity

* indicates a required field

Summarise your fundraising efforts for this project *

Word count:

Must be no more than 150 words.

This could be your strategies, promotions, outcomes, and partners.

How will future funding be obtained?

How will the project benefit our community?

How many people are expected to benefit?

How many active participants are there? (if applicable)

Estimate the number of volunteer hours involved in this project (if applicable)

Please provide a link to or attach a copy of your most recent Annual Report.

If you do not produce an annual report, please provide us with your most recent financial statements (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

Community Board Targeted Rate Fund Application

Form Preview

Upload files

Attach a file:

or

Provide web link:

Must be a URL

Committed funds

If your latest financial accounts show substantial funds are on hand or invested, you must provide detail as to what the purpose of the held funds are

Acknowledgement & Promotion

* indicates a required field

How will the event / service / facility be marketed / advertised? *

Word count:

Must be no more than 100 words.

How will you recognise the contribution from the fund in your project, within your organisation, or with your community

Upload marketing plan for events

Attach a file:

Please add anything else you wish to that may aid your case for financial assistance for this project

Declaration and Privacy

Community Board Targeted Rate Fund Application

Form Preview

* indicates a required field

Declaration: Conflict of interest

A conflict of interest could arise where you (the applicant) have a responsibility as a result of receiving Council grant monies. This could affect another responsibility, duty or relationship you may also have.

For example:

- Personal or family relationships that you have
 - with Council employees
 - with Council contractors
 - organisations or persons that you will procure services from with the grant monies
 - Financial relationships (eg investments that you have in entities that you will procure services from with the grant monies)
- Employment relationships or membership of clubs (eg you intend to procure services with the grant monies from your employer or a club you are a member of - who will benefit financially from the arrangement.)

Do you have a conflict of interest? Please detail below. *

Word count:

Must be no more than 100 words.

*

- I/We understand that Timaru District Council is bound by the Local Government Official Information and Meetings Act 1987
- I/We understand that my/our name and brief details about the project may be released to the media or appear in publicity material
- I/We understand that I/we have the right to have access to this information
- I/We undertake that I/we have obtained the consent of all people involved to provide these details
- I/We understand that applicants may be invited to attend a meeting to present further information and / or clarify the application
- I/We understand that all successful applicants must complete an acquittal report based on a council provided template within two months of the completion of the project. If further funds are sought before the completion of the project, a project update and detail on funds spent to date will be required
- I/We understand that any unspent funds must be returned to council

Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant organisation.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant

Community Board Targeted Rate Fund Application

Form Preview

organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

Yes

No

Name of authorised person *

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Date *

Must be a date

Privacy

Timaru District Council collects information to process your application, facilitate accountability reporting, and conduct meetings with funding bodies to determine the outcome of your application in line with our current [Community Funding Policy](#) and [Privacy Policy](#)

Privacy *

I declare that I have read the privacy information and I am comfortable to proceed with the application