

Quick Response Application Form

Form Preview

Introduction and Instructions for Applicants

* indicates a required field

Introduction

This fund supports projects that enhance community pride, promote local arts and culture, and recognise our heritage up to \$500.00. Projects include: • one-off events open to the public • cultural celebration • craft • catering

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 this email confirmation, please check to see if the email has been treated as junk.

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

Applicant Details

* indicates a required field

Applicant Details

Applicant *

Organisation Name

Applicant primary address

Address

Applicant postal address

Address

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Applicant website

Must be a URL.

Do you or your organisation have a New Zealand Business Number (NZBN) or Charity registration Number (CRN)? *

- NZBN CRN Neither

Applicant NZBN *

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

New Zealand Companies Register Information
NZBN
Entity Name
Registration Date
Entity Status
Entity Type
Registered Address
Office Address

Applicant CRN *

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

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Website

Date Registered

Must be formatted correctly.

Bank Account Details

If successful, this is the bank account into which funding will be deposited.

Bank Account *

Account Name

Account Number

Must be a valid New Zealand bank account format.

Bank 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.

Project Summary

* indicates a required field

Project Details

Project title *

Please describe the project *

Word count:

Must be no more than 100 words.

Date of the Project

Your project must not have started or finished before funding is approved.

Anticipated start date *

Anticipated end date *

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Expected Outcomes

* indicates a required field

Expected Outcomes

How will your initiative benefit the community? *

Word count:

Must be no more than 500 words.

The Budget

* indicates a required field

This section seeks information about costs, income and expenditure related to your project. Please be aware that all funds are exclusive of GST.

Expenditure

Please provide all costs of the event and include the details of each. For example, travel, accommodation, materials, equipment hire, and personal costs.

Item	Detail	Amount (\$)	Quote
		Must be a dollar amount.	
		\$	

Income

Please provide all the income for your project, from other grants, donations and other funds.

Item	Detail	Amount (\$)
		Must be a dollar amount.
		\$

Budget Totals

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Total Income Amount

\$

This number/amount is calculated.

Total Project Cost

\$

This number/amount is calculated.

Cost - Income

This number/amount is calculated.

Grant Funding

Total Amount Requested

*

\$

Must be a dollar amount and no more than 500.
What is the total financial support you are requesting in this application?

Other Grants

Have you received a grant from the Timaru District Council in the past 3 years? *

Yes

No

Please tell us about other grants you have received through the Timaru District Council in the past three years

Date	Event Title	Amount Received
Must be a date.		Must be a dollar amount.
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Declaration and Feedback

* 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)

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- 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.)

Please read and agree to the above statements. *

I agree

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

Authorisation

Please note: All applications by person/s under the age of 18 must be authorised by applicant's parent or legal guardian.

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 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

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)

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Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date