

Thomas Hobson Application Form

Form Preview

Introduction and Instructions for Applicants

* indicates a required field

Introduction

The Thomas Hobson Trust was established under the will of the late Thomas Hobson for the purpose of providing grants to organisations within the district of the **former Geraldine County**.

Grants can only be made towards projects that are both public and charitable in character. This means that the organisation must be a non-profit making organisation, and the project for which a grant is made must be freely available to the public at all times without charge.

Grants will not be made to organisations that only benefit a few people.

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

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Applicant postal address

Address

Applicant website

Must be a URL.

Key Contact Person

This is the person who we will correspond with about the grant and proposed project. We will also send all correspondence to the email provided.

Primary contact *

Title

First Name

Last Name

This is the person we will correspond with about this grant.

Position *

For example: Manager, Coordinator, Board Member.

Phone number *

Email address *

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

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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
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:

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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 provide a short summary of your project. *

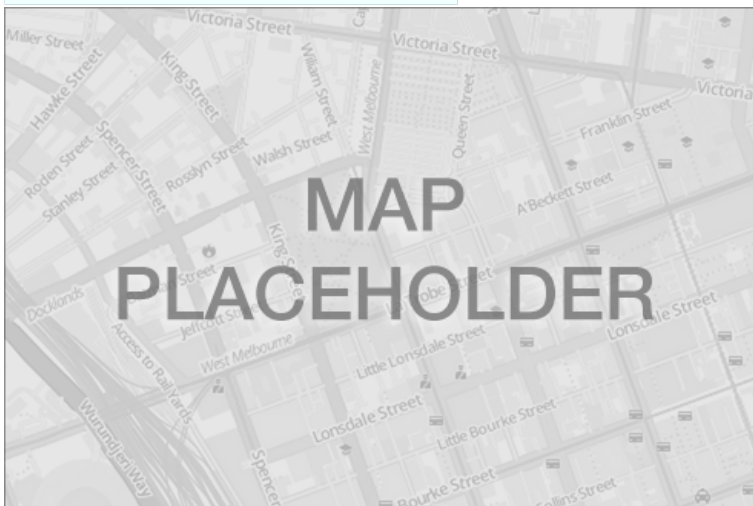
Word count:

Must be no more than 100 words.

Project Location

Project location *

Address



Address Line 1, Suburb/Town, State/Province, and Country are required.
Please enter the address where your project will be located:

Area covered by this application *

- ☐ Temuka
- ☐ Geraldine

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The former Geraldine County covers Temuka and Geraldine.

Amount for Temuka

Must be a dollar amount.

Amount for Geraldine

Must be a dollar amount.

Project Timing

Anticipated start date *

Anticipated end date *

Project Details

* indicates a required field

Expected Outcomes

How will your initiative benefit the community? *

Word count:

Must be no more than 500 words.

Supporting Documentation

Please upload any supporting documents

Attach a file:

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

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Please provide all costs of your project and include the details of each. For example, materials, venue hire, promotion, equipment hire.

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

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

*

\$

What is the total amount you are requesting under Thomas Hobson funding in this application?

Other Grants

Have you applied for funding from other sources for this project? *

☐ Yes

☐ No

Please tell us about any other funding you have applied for or received for this project.

Date applied	Who to	How much	Confirmed/Unconfirmed
Must be a date.		Must be a dollar amount.	
		\$	

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Have you received a grant from Thomas Hobson Fund in the past 3 years? *

☐ Yes

☐ No

Please tell us about other grants you have received through Thomas Hobson Fund in the past three years

Date	Project Title	Amount Received	Project completion report submitted
Must be a date.		Must be a dollar amount.	
		\$	

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)
- 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

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- ☐ 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