**South Wairarapa District Council**

**Partnership Funding Request Form**

**(for period 1 July 2021 – 30 June 2023)**

**Submit to: grants@swdc.govt.nz before 4 pm, 19 August 2022**

1. **Organisation details**

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| **Name of organisation:** |
| **Physical address:** |
| **Postal address:** |
| **Contact Person:** | **Phone No (Day):** |
| **Email:** | **Mobile No:** |

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| **Officers of organisation** |
| **Chair:** | **Phone No:** |
| **Secretary:** | **Phone No:** |
| **Treasurer:** | **Phone No:** |

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| Would you like to speak in support of your application to the Grants Subcommittee on the **7 September 2022?**  | **Yes/No** |

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| **When was the organisation formed and what are its aims and objectives?** |

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| **Total number of members in your organisation?** |  |
| **How many full-time equivalent people work in your organisation?** |  |
| **How many volunteers work in your organisation?** |  |
| **Date of last AGM?** |  |

1. **Funding Criteria**

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| **Funding Criteria**Please select the category that is the project’s main focus (mark with an X) |
| **Youth Grant** |  |
| **Community Grant** |  |

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| **Community Grants Funding Category**Grants will be allocated to organisations which contribute to the community in at least one of the following areas. The funding categories are aligned to the five community outcomes, with some categories linking to more than one community outcome (see [Grants Policy](https://swdc.govt.nz/wp-admin/admin-ajax.php?action=wpmf_onedrive_business_download&id=01CTNIGYCTKILMBK2AEZGKSDVJ5KTD6YPJ&link=true&dl=0)).Please select the category that is the project’s main focus (mark with an X) |
| Arts, museums, heritage and culture (including Māoritanga) |  |
| Environment |  |
| Events |  |
| Sport and Recreation |  |
| Social and Educational Services |  |
| Economic Development |  |

1. **Operational Funding Overview**

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| **Reason for requesting operational funding agreement** |
| **Explain how your organisation contributes to the wellbeing of South Wairarapa community or youth** |
| **How many residents of South Wairarapa will benefit from the funding?** |
| **How many residents of South Wairarapa will indirectly benefit from the funding?** |
| **Provide a brief summary of any successes/achievements of the organisation** |

1. **Financials - Budget for current financial year (you may attach separately)**

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| **Sources of Revenue/Income** |
| **Subscriptions/Membership fees** | **$** |
| **Donations**  | **$** |
| **Non-Council Grants (please specify)** | **$** |
| **Council Grants (non-SWDC)** | **$** |
| **Total Revenue/Income** | **$** |

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| **Expenditure** |
| **Salaries**  | **$** |
| **Rent**  | **$** |
| **Electricity** | **$** |
| **Phone**  | **$** |
| **Insurance** | **$** |
| **Other (Please list)** | **$** |
| **Total Expenditure** | **$** |
|  |  |
| **Budget Surplus/Deficit** | **$** |

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| **GST Registration** |
| **Are you GST Registered** | **Yes/No** |
| **Bank account details (required for non GST registered applications only)** |
| **Name of bank:** |  |
| **Account name:** |  |
| **Account No:** |  |

1. **Declarations**

We agree to comply with requests from an officer or councillor from SWDC for additional information in relation to this application.

**Statement to comply with the Provisions of the Privacy Act 1993**

The personal information above is collected and will be held by SWDC for the purpose of considering your application for financial assistance. You have the right of access to, and correction of, personal information about you, that we hold.

**Authorisation**

* I certify that the information provided in this application form is true and correct to the best of my knowledge.
* I have the authority to make the application on behalf of the organisation.
* I agree that the necessary documentation listed below is attached to this application.
* I confirm that we will complete and return a grant accountability form within twelve months of the date the grant is paid out.
* The organisation will keep receipts and a record of all expenditure for 7 years.
* Any unspent funds will be returned to SWDC.
* All expenditure will be accounted for in the Grant Accountability Form.

**Signatory One Signatory Two**

**Signed: Signed:**

**Full name: Full name:**

**Designation: Designation:**

**Date: Date:**

Eligibility and Criteria

Applicants should review the eligibility and grant criteria as outlined in the [Grants Policy](https://swdc.govt.nz/wp-admin/admin-ajax.php?action=wpmf_onedrive_business_download&id=01CTNIGYCTKILMBK2AEZGKSDVJ5KTD6YPJ&link=true&dl=0) before making an application.

**Please return the completed form by 4.00 pm on 19 August 2022 to:**

South Wairarapa District Council

PO Box 6

Martinborough 5741

Or email: grants@swdc.govt.nz

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| **Items required for this application** |
| * Most recent annual accounts including notes and review/audit report
 | ⃝ |
| * Income and expenditure statement for part year and inaugural minutes (if organisation has been operating for less than 12 months)
 | ⃝ |
| * Application Form is signed
 | ⃝ |