

South Wairarapa District Council Community and Youth Grant Application Form

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

1			A N I	IC A	TIC	146	DET	AILS
1.	U	KG	ΔN	ISA)N	DEI	AILS

Name of organisation:				
Physical address:				
Postal address:				
Contact Person:	Phone N	o (Day):		
Email: Mobile		No:		
Officers of organisation				
Chair:		Phone No:		
Secretary:		Phone No:		
Treasurer:		Phone No:		
Would you like to speak in support of your ap	oplication t	o the Grants	Yes/No	
Subcommittee on the 7 September 2022?				
William to the second s	- .			
When was the organisation formed and who	at are its ai	ms and objectives?		
Total number of members in your organisat	ion?			
How many full-time equivalent people work				
organisation?				
How many volunteers work in your organisa	ation?			
Date of last AGM?				

2. FUNDING CRITERIA

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

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).

Please select the category that is the project's main focus (mark with an X)

riease select the category that is the project's main locus (mark with an A)			
Arts, museums, heritage and culture (including Māoritanga)			
Environment			
Events			
Sport and Recreation			
Social and Educational Services			
Economic Development			

3. PROJECT OVERVIEW

Specific reason for grant application (e.g. upgrade to facilities/purchase of equipment/one-off event):
Note and the State of the state
Where and when will the activity/event take place or what is the anticipated
completion date of the project (please note funds cannot be allocated retrospectively)?

Why should South Wairarapa District Council (SWDC) support this project/event?			
Who will benefit from these funds and in what way?			
·			

4. FINANCIALS

Funding requirements	
Total cost of project	\$
Your organisation's contribution	\$
Other outside funding (please supply brief details)	\$
Amount applied for in this application	\$
Shortfall (please provide brief details of how will balance be found)	\$
Project income (if applicable), e.g. generated from sales to public	\$
Is organisation a registered charity?	Yes/No
Have you applied to SWDC for funding before?	Yes/No

If yes, when, for what much was granted?	purpose and how			
GST Registration				
Are you GST Registere	d	Yes/No		
Bank account details (required for non GST registered applications only)				
Name of bank:				
Account name:				
Account No:				

5. 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 <u>Grants Policy</u> 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

Items required for this application	
 Most recent annual accounts including notes and review/audit report 	0
Income and expenditure statement for part year and	
inaugural minutes (if organisation has been operating for less	\bigcirc
than 12 months)	
Application Form is signed	\bigcirc