**South Wairarapa Community Boards**

**Application for Financial Assistance**

Key eligibility and criteria

* Grants may be awarded to community groups and organisations for projects, services, events and other activities that benefit the local community.
* Applicants may be non-profit community organisations with a formal legal structure or a group of individuals who have come together for a common purpose but who do not have a legal structure.
* The applicant does not need to be based in the South Wairarapa or the ward from where the funds are being sought but the applicant must be able to demonstrate that the activity benefits the ward where the funds are being sought.
* Applicants may not be in receipt of any other Council or Council-administered grant for the same activity in the same financial year. Applicants are encouraged to apply for Community or Youth Grants where the activity benefits more than one ward or the wider South Wairarapa community.
* Preference will be given to applications that support the [board’s strategic plan](https://swdc.govt.nz/community/grants/) (if applicable).

Applicants should review the full eligibility and grant criteria as outlined in the [Grants Policy](https://swdc.govt.nz/governance/policies/) before making an application.

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| The **Featherston Community Board (FCB)** has a maximum limit of $500 unless special circumstances are considered to exist. Grants are considered at every meeting throughout the year.The **Greytown Community Board (GCB)** has a maximum limit of $1,000 unless special circumstances are considered to exist. Grants are considered quarterly. The **Martinborough Community Board (MCB)** has a maximum limit equal to half the total available grant pool in each of its two rounds. Grants are considered twice a year in August and February. GCB and MCB will consider grants at meetings outside their advertised funding rounds if exceptional circumstances are deemed to exist. Dispensation to apply should be sought from the chair of the board.Refer to the [grants page](https://swdc.govt.nz/community/grants/) on the SWDC website for the timetable for 2021/22.  |

1. **general details**

|  |  |
| --- | --- |
| Name of organisation/group of individuals: |  |
| Postal Address: |  |
| Street Address: |  |
| Purpose of Main Activity of Organisation: |  |

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| --- |
| **Community Board you are applying to (select one)** |
| * Featherston Community Board
 | ⃝ |
| * Greytown Community Board
 | ⃝ |
| * Martinborough Community Board
 | ⃝ |
| Would you like to speak in support of your application at a Community Board meeting? | ⃝ Yes ⃝ No |

Note: Applicants are encouraged to apply for Community or Youth Grants where the activity benefits more than one ward or the wider South Wairarapa community.

**2. project details**

Please provide a full description of your project:

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**Strategic Fit**

Please describe how your project supports the Greytown Community Board’s vision and priority areas as set out in the [board’s strategic plan](https://swdc.govt.nz/wp-admin/admin-ajax.php?action=wpmf_onedrive_business_download&id=01CTNIGYCKFH7KPHLIPZDZUTABPJH2VYV5&link=true&dl=0). ***Note: If applying to Martinborough or Featherston leave blank.***

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**Benefits**

Please describe the expected benefits to the ward community over the lifetime of this project:

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**3. financial details**

# All figures shown are to be exclusive of GST

**Cost of project** $

Breakdown of above figure

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………**

**Other funding or grants received or being sought**

Names of funders

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………**

$

**Outline any SWDC concessions you have received**

(e.g. building or property leases, reduction in hall hire fees)

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**Amount of grant sought in this application**

 $

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| **Funding history** |
| Have you applied to the Community Board or Council for funding before?  | ⃝ Yes ⃝ No  |
| If yes, to what funding body and how many times in the last 3 years? |  |
| If yes, when, for what purpose and how much was granted? |  |

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

If you are successful, your grant will be deposited into this account.

GST registered organisations will be asked to supply a tax invoice and GST will be added to grants approved for GST registered organisations.

**4. personal contact details**

Contact names of **two people** in your organisation or group to assist with further information if required.

One of these contacts **must** be the person who filled in the application form. Please note that consent must be obtained from the other person to provide these details as per the Privacy Act 1993.

|  |  |
| --- | --- |
| First contact person: |  |
| Address |  |
| Phone (day) |  | Email |  |
| Second contact person |  |
| Address: |  |
| Phone (day) |  | Email |  |

**5. declarations**

**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 confirm that a completed accountability form will be returned to SWDC within 12 months of the date of the grant being paid out, or prior to any future grant application being made
* I agree that any unspent funds will be returned to SWDC within one year of receipt unless there is prior agreement to carry over such funds.

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| --- | --- | --- |
| Name: |  |  |
| Designation: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |

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| **Checklist** |
| * All questions have been answered
 | ⃝ |
| * The names of two contact people are provided
 | ⃝ |
| * Application form is signed
 | ⃝ |
| * Latest set of financial accounts (for applications over $5,000)
 | ⃝ |

**Please return the completed application form to:**

Committee Advisor (Grants)

South Wairarapa District Council

PO Box 6

Martinborough 5741

Or email: **grants@swdc.govt.nz**

Applications must reach SWDC not less than ten days before the relevant Community Board is to consider an application.