



**FEATHERSTON
COMMUNITY BOARD**
Kia Reretahi Tātau



**GREYTOWN
COMMUNITY BOARD**
Kia Reretahi Tātau



**MARTINBOROUGH
COMMUNITY BOARD**
Kia Reretahi Tātau

South Wairarapa Community Boards

Partnership Funding Request Form

Funding of ongoing operational expenses is excluded from the [Grants Policy](#) criteria except for those organisations that the Community Boards want to have a strategic ongoing relationship with. These organisations are likely to score highly in contributing to the community wellbeing of the ward.

This form may be used if you want one of the Community Boards to consider entering into a partnership funding arrangement with your organisation.

The **Featherston Community Board (FCB)** has a maximum limit of \$500 unless special circumstances are considered to exist. Requests 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. Requests 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 requests 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](#) on the SWDC website for the timetable for 2021/22.

1. ORGANISATION DETAILS

Name of organisation: _____

Postal Address: _____

Street Address: _____

Purpose of Main Activity of Organisation: _____

Community Board you are applying to (select one)	
• Featherston Community Board	<input type="radio"/>
• Greytown Community Board	<input type="radio"/>
• Martinborough Community Board	<input type="radio"/>
Would you like to speak in support of your application at a Community Board meeting?	<input type="radio"/> Yes <input type="radio"/> No

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

2. OPERATIONAL FUNDING OVERVIEW

Reason for requesting operational funding agreement:

Provide a brief summary of any successes/achievements of the organisation

Strategic Fit

Explain how your organisation fits with the Greytown Community Board’s vision and priority areas as set out in the [board’s strategic plan](#). **Note: If applying to Martinborough or Featherston leave blank.**

Benefits

How many residents of the ward will benefit from the funding?

3. FINANCIALS – BUDGET FOR CURRENT FINANCIAL YEAR (YOU MAY ATTACH SEPARATELY)

Total Revenue/Income \$ _____

Breakdown of above figure

_____ \$.....
 _____ \$.....
 _____ \$.....

Total Expenditure

Breakdown of above figure

_____ \$.....
 _____ \$.....
 _____ \$.....

Budget Surplus/Deficit \$ _____

Outline any SWDC concessions you have received
 (e.g. building or property leases, reduction in hall hire fees)

Amount of funding requested \$ _____

Funding history	
Have you applied to the Community Board or Council for funding before?	<input type="radio"/> Yes <input type="radio"/> 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?	

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 request 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.

Name:

Designation:

Date:

Signature:

Checklist

- | | |
|--|-----------------------|
| • All questions have been answered | <input type="radio"/> |
| • The names of two contact people are provided | <input type="radio"/> |
| • Funding request form is signed | <input type="radio"/> |
| • Latest set of financial accounts (for applications over \$5,000) | <input type="radio"/> |

Please return the completed partnership request form to:

Committee Advisor (Grants)
South Wairarapa District Council
PO Box 6
Martinborough 5741
Or email: grants@swdc.govt.nz

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