



SOUTH WAIRARAPA  
DISTRICT COUNCIL  
*Kia Reretahi Tātau*

## Community Wellbeing Grant Application Form

We will be running “Coffee Storms” and “Drop in” sessions across the district from July to August to support our community through the application process. Please keep an eye out on our website and social media for details on these. We highly recommend you attend one of these or speak to our grants team before you submit your application.

### ***Am I eligible, does my project fit the criteria?***

Before you begin an application, please make sure you have read all the information on the Community Wellbeing Fund on our website and that you are eligible, this will help you in completing your application.

If you would you like to meet with our grants team before completing this form, please email [grants@swdc.govt.nz](mailto:grants@swdc.govt.nz) and we will help you before you complete the next steps

### ***Does your project, activity or initiative meet one of the following? Please tick***

Supporting communities to transition to a sustainable and low emissions economy	
Delivery of initiatives that support improvements in community wellbeing	
No – sorry your project does not qualify for at this time.	

### ***Are you? Please tick***

An individual	
A school	
Marae or Hapouri	
Community group or club	
Community group with a regional or national affiliation	
Incorporated Society or Charitable Trust	

If you have ticked one of the following and are delivering a community service that contributes to the wellbeing of South Wairarapa District residents, congratulations you are eligible to apply for our Community Wellbeing Fund!

There are multiple opportunities throughout the year for your application to be received and assessed, dates will be published on our website. The final deadline to complete your application, with all your supporting documents is Thursday 31 October 2024.

*Ready to submit an application, complete the following sections to apply for a CWBF grant.*

## Applicant details

### Primary Contact

Full name	
Organisation Name	
Organisation Type	
Position in group	
Organisation Address	
Town	
Phone	
Email address	

### Secondary contact

Full name	
Position in group	
Email address	

### Would you like to speak to your application?

Yes, I will present in person or online	
Yes, I will present a prerecorded video	
Not sure, I'd like some support please	

## Tell us about your project

<i>Activity, initiative, or project title</i> <i>*This will be recorded publicly</i>	
Tell us about your project or the activity you are seeking financial support for: <i>The plan</i>	

<p>Which criteria does it meet? Please outline how? And why you feel it is an important project to consider.</p> <p><i>The process</i></p>	
Proposed start date:	
Estimated date of completion:	
Where will the activity or project take place?	
<p>How many people will work with you on the project, activity or initiative and who?</p> <p><i>The people</i></p>	
<p>How many people will your project, activity or initiative impact?</p> <p><i>Consider participant factors like gender or ability</i></p>	

**Which communities will benefit from this? (tick as many as applicable)**

Featherston	
Greytown	
Martinborough	
Rural South Wairarapa	
Coastal South Wairarapa	
Carterton	
Masterton	

**Which age groups will benefit from this? (tick as many as applicable)**

Under five	
5 – 19	
19 – 30	
30 – 45	
45 – 64	
65+	

**Ethnicities (tick as many as applicable)**

NZ European		Māori	
Pasikifa		Asian	
European		Other	

### Project costs

Please add more rows to the table if you need to, you are also welcome to attach a project forecast or budget.

**What items will this money pay for?**

Item	Amount	Quantity	Total
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Total</b>			\$

**Have you applied to other sources?**

Amount	Item	Organisation	Status
\$			Pending
\$			Approved
\$			Declined
\$			
\$			

**What is the total cost of this project, activity or initiative?**

\$
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**How much are you applying for?**

\$
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**What has your organisation contributed so far? Please share any fundraising activity or milestones you have achieved**

\$

**If successful, when would you need the funds by?**

\_\_\_\_/\_\_\_\_/\_\_\_\_

### **Impact**

**Which wellbeing outcomes does your project meet?**

	Social Wellbeing – Residents are active, healthy, safe, resilient, optimistic and connected
	Economic Wellbeing – A place of destination, new business and diverse employment that gives people independence and opportunity
	Environmental Wellbeing – Sustainable living, safe and secure water and soils, waste minimised, biodiversity enhanced
	Cultural Wellbeing – Strong relationships with whānau, hāpu and marae, celebrating diverse cultural identity, arts and heritage

Please detail how your project aligns with one or more of these wellbeing outcomes?

<p>How will you know these outcomes have been met?</p> <p><i>Surveys</i></p> <p><i>Case studies</i></p> <p><i>Statistics, event attendance</i></p>	
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<p>In 100 words or less, can you sum up why this project is pivotal for community wellbeing?</p>	
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**Declaration**

**Are you GST registered?**

Yes _____ <i>If yes, we require an invoice to be raised if your successful.</i>	
No - If no, please include your bank account details below	
<i>Account Name</i>	
<i>Account Number</i>	

**Have you applied for SWDC funding before?**

Yes – date __ / __ / __ outcome _____ and purpose _____	
No	

**Do you agree to comply with requests from SWDC for additional information in relation to this application?**

Yes	
No	

**Supporting documents**

- Attach you bank deposit slip, or bank account verification
- If you have a regional or national affiliation attach your affiliation letter
- If you are an incorporated society attached your incorporation certificate
- If you are a registered charity include your 'Charities Register' summary
- Attach your project plan and budget / forecast – if you require a template email [grants@swdc.govt.nz](mailto:grants@swdc.govt.nz)
- Please include a complete supplier quote, two if you are able and let us know which is your preferred supplier

**Privacy Statement** 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 and that I have the authority to make the application on behalf of the organisation.
- I confirm that we will complete a grant accountability form within the date stipulated in our approval letter and that all expenditure will be accounted for.
- The organisation will keep receipts/records of all expenditure for seven years.
- Any unspent funds will be returned to SWDC.

I/we have read and accept the SWDC Grants Policy and accept the terms and conditions.

*Primary Contact Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Secondary Contact Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_