

# Financial Support Application Form Te Pepa Tono Pūtea

Submit to: grants@swdc.govt.nz

#### Whakatauki

Mei te tatū o ngā whakaaro ki ngā āhuatanga o te hinengaro, Mei te ngāwari ake o te ahunga ki nāianei, Kua tū nei te tūranga ki runga I ngā pakahiwi o te nehenehe.

If I am confident with where we'll be in the future,

Composed with how we are at present.

It is merely because I am standing on the shoulders of the past.

# Name of organisation/applicant: Physical address: Postal address: Contact Person: Phone No (Day):

Would you like to speak in support of your application?	Yes/No

**Mobile No:** 

#### 2. FUNDING CRITERIA/NGĀ PAEARU PŪTEA

**Email:** 

1. APPLICANT DETAILS/NGĀ PĀRONGO KAITONO

<b>Fund</b> Using the attached flow chart, please select which funding pool you are applying with an X)	for (mark
Community and Youth Fund (please specify)	
Māori Standing Committee Fund	
Greytown Community Board Fund	
Featherston Community Board Fund	

Martinborough Community Board Fund	
Pain Farm Fund	
Venue Hire Remission	

# 3. APPLICATION OVERVIEW/TIROHANGA WHĀNUI

Funding Request	
Through our funding we support one off and ongoing activities. Please select	which type
of funding you are applying for (mark with an X)	,·
are applying for (mark than array	
	T
One Off Funding	
Multi-Year Funding	
Funding Outcomes	
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Please select which of the funding outcomes your activity aligns with (mark w	ith an X)
Social Wellbeing/Oranga Hauora - Residents are active, health, safe,	
resilient, optimistic and connected	
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Environmental Wellbeing/Oranga Taiao - Sustainable living, safe and	
secure water and soils, waste minimised, biodiversity enhanced	
<b>Economic Wellbeing/Oranga Ōhanga -</b> A place of destination, new business	
and diverse employment that gives people independence and opportunity	
and the property of the property of the property of	
Cultural Wellbeing/Oranga Ahurea - Strong relationships with iwi, hapū and	
whānau, celebrating diverse cultural identity, arts and heritage	
Please describe your activity and how it supports the above outcomes:	

#### 4. FINANCIALS/PĀRONGO PŪTEA

Financial support requirements	
Total cost of the project e.g. venue hire, food, presenters, performers, marketing	\$
Your organisations contribution	\$
Other outside funding (please supply brief details)	\$
Project income (if applicable), e.g. generated from sales to public	\$
Amount applied for in this application	\$

Additional information	
Have you applied to SWDC for funding before?	Yes/No
If yes, when, for what purpose and how much was granted?	
Are you in the process of applying for any further SWDC funding?	Yes/No
If yes, what fund and for what amount?	

GST Registration		
Are you GST Registere	ed	Yes/No
Bank account details (required for non GST registered applications only)		
Account name:		
Account No:		

# 5. DECLARATIONS/HE WHAKAPUAKITANGA

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

#### Statement to comply with the Provisions of the Privacy Act 2020

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**

Or email: grants@swdc.govt.nz

- 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 seven years.
- Any unspent funds will be returned to SWDC.
- All expenditure will be accounted for in the Funding Outcomes Report.

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	<u>Signatory</u>
	Signed:
	Full name:
	Designation:
	Date:
ΡI	ease return the completed form to:
Sc	outh Wairarapa District Council
P	D Box 6
Μ	artinborough 5741

Most recent annual accounts including notes and review/audit report (for applications over \$1,500)
 Application Form is signed
 Application Form is complete

### 6. PROJECT OUTCOMES REPORT/PŪRONGO WHAKAHOKINGA KŌRERO

To be submitted once your project is complete.

Funding Outcomes	
Please select which of the funding outcomes your activity aligned with (mark v	vith an X)
Social Wellbeing/Oranga Hauora – Residents are active, health, safe,	
resilient, optimistic and connected	
Environmental Wellbeing/Oranga Taiao – Sustainable living, safe and	
secure water and soils, waste minimised, biodiversity enhanced	
Economic Wellbeing/Oranga Ōhanga – A place of destination, new	
business and diverse employment that gives people independence and	
opportunity	
opportunity	
Cultural Wellbeing/Oranga Ahurea – Strong relationships with iwi,	
hapū and whānau, celebrating diverse cultural identity, arts and heritage	
Please describe your activity and how it supported the above outcomes (acc	eptable
responses include written explanation, photos, videos, stories etc.):	