

**COMMUNITY INITIATIVES FUND**

**2024-2025**

**PROJECT APPLICATION FORM**

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| 1. **Some information before you start**
 |
| * Please complete one application form per project
* Your project will not be considered if it has started before this application has been assessed
* Send your application to:

Email; or write to; or deliver by hand to.arlene.brown@kaikoura.govt.nz Grants Administrator Level 2, 96 West End PO Box 6 Kaikōura  Kaikōura Please complete all questions, attach all supporting documents, and send to the Grants Administrator, detail above.If you require assistance, please contact the Grants Administrator at the Kaikoura District Council on 027 566 3064 or e-mail arlene@kaikoura.govt.nz |
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| 1. **Check if your project fits the criteria**
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| * Will your project take place within this district?
* Will your project benefit the local communities within this District?
* Will your project duplicate existing events and projects in the Kaikoura District?
* Will the project increase the diversity of community events available to locals?
* Will your project increase community education opportunities?
* Will your project contribute towards a strong, sustainable community?

**If you have answered yes to three or more of the above questions, please continue** | **[ ]** [ ] [ ] [ ] [ ] [ ]  | YesYesYesYesYesYes | **[ ]** [ ] [ ] [ ] [ ] [ ]  | NoNoNoNoNoNo |

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| 1. **More information on your project**
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| * Will your project have started by the time grants are announced?
* Are you asking for fundraising costs?
* Is your project already funded by Creative New Zealand?

If you have answered yes to any of the above questions, your project may not be eligible. Contact Arlene on 027 566 3064 or 03 319 5026 extn 263 at the Council office before continuing.  | [ ] [ ] [ ]  | YesYesYes | [ ] [ ] [ ]  | NoNoNo |
| 1. **Tell us about yourself**
 |
| You must be representing a non-profit making organisation, a voluntary organisation, a community group that is registered (e.g. charitable trust or as an incorporated society) or representing a school. |
| Full name of organisation/group |  |
|  |
| Contact name |  |
|  |
| Address |  |
|  |
| Post code |  |
|  |
| Telephone number(s) |  |
|  |
| Email |  |
|  |
| 1. **Is your project targeted at a particular section of your community?**
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| (You may tick more than one box) |
| **[ ]**  | Broad community  | **[ ]**  | Specific group of interest: | **[ ]**  | Ethnic community group(s) |
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| **[ ]**  | Disabled **YES** | **[ ]**  | Senior citizens  | **[ ]**  | Young people  |

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| 1. **Description of your project**
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| Briefly describe your project by answering the following –  |
| **The idea/kaupapa –** What is it you want to do? |  |
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| **The benefits –**How will your project benefit our community? |  |

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| **The process –**How will you carry out your project, and where and when? |  |
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| **The people –**Who is involved? (include brief information about key individual or organisations) |  |

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| 1. **The budget**
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| Are you registered for GST? | **[ ]**  |  | **[ ]**  |  | GST number |  |  |  |  |  |
| Applicants that are **not** GST-registered need to provide budget figures that **include** GST |
| Successful applicants who **are** GST-registered need to provide budget figures that **exclude** GST. Successful applicants who are GST-registered must submit a separate GST invoice.  |
| Include copies of written quotes provided by supplier, facilitator or vendor etc. Your budget must reconcile with the quotes provided. |
| **Total Project Costs eg, materials, venue hire, promotion, equipment hire, personnel costs** | **Amount** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
| 1. **Total cost**
 | **$25,000** |
| **Project Income eg, ticket sales, sale of artwork, etc** | **Amount** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
| **Other sources of income eg, other grants, donations, discounts on services, own contribution, existing funds, expected fundraising** |  |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
| 1. **Total funds available**
 | **$** |
| Please work out below the amount of funding requested. |
| The total cost of the project (a) minus total funds available for the project (b) will usually equal the amount requested from the Community Initiatives Fund. |
| 1. **Total cost of project**
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|  |  |
| 1. **Less total funds available**
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|  |  |
| 1. **Difference**
 |  |
|  |  |
| 1. **Amount requested**
 |  |
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| 1. **Financial background**
 |
| Tell us about any other funding you have applied for or received for this project. **NIL** |
| **Date applied** | **Source of funding** | **Type of funding** (eg, a loan, grant and what it will be used for) | **Amount requested** | **Is funding confirmed?** If yes how much. If you are still waiting for response, when will you know? |
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| Tell us about any other grants you have previously received through the Community Initiatives Fund over the last three years. **NIL** |
| **Date** | **Project title** | **Have you completed an accountability report for this project? Yes/No** | **Amount of funding received** |
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| Groups or organisations must provide a copy of their latest financial statement. This can be a copy of the audited accounts, an income and expenditure statement or a copy of the unaudited management accounts.Individuals and groups must provide bank account details (or bank deposit slip) for the payment of the grant. |

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| 1. **Declaration**
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| I declare that the information supplied here is correct. If the application is successful, I/we agree to – |
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| * complete the project within a year of the funding being approved
* complete and return a project accountability form (this is located on the website)within two months after the project is completed
* participate in any funding audit of my organisation or project conducted if required
* inform the Council of any public event or presentation that is funded by the grant
* acknowledge the assistance of the grant verbally at event openings, presentations, performances and such like
 |
| I understand that the | **KAIKOURA DISTRICT COUNCIL** |
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| Is bound by the Local Government Official Information and Meetings Act 1987. I also consent to it recording the personal contact details provided in this application, retaining, and using these details, and disclosing them to KDC for the purpose of evaluating the Fund. I understand that my name and brief details about the project may be released to the media or appear in publicity material. I undertake that I have obtained the consent of all people involved to provide these details. We understand that I have the right to have access to this information. This consent is given in accordance with the Privacy Act 1993. |
| Please name two people for your project and sign below |
| **First contact name** |  |
|  |
| **Signature** |  |
|  |
| **Second contact name** |  |
|  |
| **Signature** |  |
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| 1. **Final Check**

Make sure you have |
| **[ ]**  | Completed all sections |
| **[ ]**  | Checked that the budget balances |
| **[ ]**  | Provided quotes, bank account details and full financial details (groups and organisations only) |