

COMMUNITY DEVELOPMENT

Community Agency Funding

Application Form

Organisation name:

For Office Use only	#
Application received	
Funds requested	
Funds allocated	

What is the application for?

Rental costs

Other (please specify)

(Please note that if the application is over \$50,000 a business case is required in addition to this application).

Organisation details:

(including purpose, membership, history in community)

Status (If applicable):

Charitable Trust

Incorporated Society

Charities Commission Number _____

(Please attach a copy of Certificate of Incorporation)

Postal address:

Contact person 1:

Email address:

Phone (daytime):

Contact person 2:

Email address:

Phone (daytime):

Programme dates

Start Date

Completion Date

The current situation

1. What does your project / programme aim to change or improve?

(Why is it necessary?)

a) What evidence do you have of the problem or opportunity your project / programme will address?

(This may be specific data or a general/anecdotal observation. The information could come from your own or another organisation).

b) What is the background and/or context of the problem or opportunity?

(What has been done before? What else is happening?)

About the project

2. Describe your event / project / programme:

(Provide a description of the project to be funded and how it will be delivered. If you have a separate project plan (or similar), this can be attached and referred to.)

3. Who will mainly benefit from your project / programme?

(Specific people, approximate numbers)

4. What is the main **outcome(s)** your project / programme will achieve?

(What is the overall improvement you are aiming for? The outcome should be written as a simple, clear and concise statement that describes the intended result to be achieved. Eg: XX number of people will utilise our services over an XX week period.)

5. What are the main **outputs** that your project / programme will deliver?

(This is a count of the amount of the particular activity that is delivered. Eg: We will have XX number people use our XX service).

a. How will you measure your success?

(Eg. Participation numbers, feedback forms, number of returning participants etc)

b. What data will you use to measure success?

(Eg. Surveys, attendance records/rolls etc).

Financial Information

6. . Please complete this simple budget outline to show how the funding would be used.
(Applications over \$50,000 are also required to supply Annual Statement of Accounts, Balance Sheet & Monthly Bank Statements)

Project / Programme budget	Council funding sought	Other funding for project	Total
Salaries/Wages			
Administration			
Accommodation/Rent			
Equipment			
Conference / Meetings			
Promotion / Marketing			
Resources (please specify e.g. stationery)			
Telephone, internet			
Travel			
Tutor Fees			
Consultants			
Other (please specify e.g. feasibility report)			
TOTAL			

7. What other funding are you applying for?

Organisation	Amount requested	Date results known

8. Briefly describe any voluntary effort and/or donated material provided for this project / programme

Voluntary effort	Donated material

9. What will happen to the project / programme if you do not receive the full amount of the grant you have requested, including how you propose to meet any funding shortfall, if applicable?

Completing your application

To ensure that your application is complete, please check that you have attached the following

- Quotes for the project costs
- Confirmation of bank account details (Eg. Pre-printed bank slip)
- Applications over \$50,000 require Annual Statement of Accounts, Balance Sheet & monthly Bank Statements
- Certificate of Incorporation (if applicable)

Declaration *This must be completed by a Contact Person listed.*

I/We hereby declare that the information supplied here on behalf of myself /our organisation, to the best of my/our knowledge, is true and correct and that I/we have the authority to make this application on behalf of our group (if applicable).

I/We hereby declare that we have a Health and Safety Plan in place for the project / programme.

I/We consent to Ashburton District Council collecting the personal contact details provided above, retaining and using these details for the purpose of review of the Community Agency Funding. I/We acknowledge my/our right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

I/We understand that my/our project/programme details may be used for promotion of the Community Agency Funding and that I/we will be contacted if Ashburton District Council wishes to use these.

I/We understand that the funds received as a result of this application may only be used for the purpose in which they were granted and that a report form with supporting receipts must be submitted to Ashburton District Council on completion of the project / programme.

Name: _____ Date: _____

Signature: _____
(if completing electronically either insert digital signature or simply enter your name)

Applications close 5pm on Tuesday 28 February, 2017

Electronic applications are welcomed and can be **emailed to** info@adc.govt.nz

Alternately please **drop a copy** at the Council office on 5 Baring Square West, Ashburton

Or Mail to:
Community Grants
Ashburton District Council
PO Box 94
Ashburton 7740

PH: 03 307 7700