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**Community Grant Application Form**

**Name of Organisation:**

**Postal Address:**

**Email Address:**

**Contact Person: Contact Ph No:**

**Is your organisation incorporated? Yes/No**

**Is your organisation GST registered? Yes/No**

**If yes, please provide your GST Number**

**Did you receive a grant last year? Yes/No**

**If yes, did you complete an Accountability Form? Yes/No**

**(to be eligible for future funding, an accountability form must have been completed and returned)**

**Please provide a detailed description of the project for which you require a grant**

**(Continue on a separate sheet and attach if needed)**

**How many Carterton people will benefit from the project?**

**Please provide a brief description of how the project will contribute to the Council’s community outcomes as specified in the Long Term Plan 2018-2028 (available at** [**http://cdc.govt.nz/plans/tenyearplan/**](http://cdc.govt.nz/plans/tenyearplan/) **- projects must demonstrate a contribution to one of the categories)**

**Which of the following Carterton Community Outcomes will your project contribute to?**

**(Tick appropriate community outcome/s which relate to your project)**

**** A strong community

**** A prosperous economy

**** A healthy natural and built environment

**** Quality, fit-for-purpose infrastructure

**** A strong and effective Council

**Total Cost of Project $**

**Funds Raised To-Date for This Project**

**Amount available from own funds $**

**Amounts raised from other sources (specify sources):**

**$**

**$**

**$**

**$**

**Total funds raised to date for this project $**

**Funds still to be raised for this project**

**By own organisation: $**

**Other sources:**

**$**

**$**

**$**

**$**

**Total still to be raised for this project $**

**Grant requested from the Community Grant Fund $**

**Declaration and Privacy Act Authorisation**

This authorisation relates to information in this application that the Carterton District Council may hold about me/us now or in the future.

* I/we hereby declare that I am/we are authorised to submit this application and that any grant received will be used for the project for which it is approved
* I/we authorise the Carterton District Council to use this information for the purposes of administration of this application
* I/we authorise Carterton District Council to seek such information as may be required to complete consideration of this application
* I/we hereby declare that the information provided is correct
* I/we acknowledge that any decision made by the Carterton District Council is final and that no reasons for such decision will be given nor will any correspondence entered into
* I/we hereby declare that the enclosed annual accounts were presented at our most recent Annual General Meeting
* I/we hereby declare that we comply with any relevant obligations under the Vulnerable Childrens Act 2014

Full name of Chairperson

Signature

Full name of Secretary/Treasurer

Signature

Date

**Check List**

* All sections of the application form have been completed in full
* Applications which contain insufficient information to enable Council to assess eligibility for a grant will be declined

**The following information is attached:**

* A copy of your organisation’s most recent accounts
* A bank deposit slip or account number verification

**Applications should be forwarded to:**

**Gerry Brooking**

**Community Development Coordinator**

**Carterton District Council**

**P.O. Box 9**

**Carterton**

**Email:** [**gerry@cdc.govt.nz**](mailto:gerry@cdc.govt.nz)

**By 4.00pm Friday 26th July 2019**