



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)

Please provide a brief description of how the project will contribute to the Council's community outcomes as specified in the Long Term Plan 2015-2025.

(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.)

- strong and positive leadership
- a vibrant and prosperous economy
- a safe district
- a healthy district
- a district that enjoys creativity and recreation
- a district that encourages lifelong learning
- a district that values and protects its natural environment
- a district that promotes sustainable infrastructure and services

Funding:

Funds raised 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 \$ _____

Budget:

Income

Income expected from this project (eg. ticket sales, koha):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total income expected for this project \$ _____

Costs

Costs associated with this project (eg. venue hire, advertising):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total cost for this project \$ _____

Community Grant Fund amount requested \$ _____

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 / confirmation of account name and number

Applications should be forwarded to:

Community Development Coordinator

Carterton District Council

P.O. Box 9

Carterton

Email: carolyn@cdc.govt.nz

By 4.00pm Tuesday 30th June 2020