### Application Form - Te Pūaha General Fund February/March 2025

#### Eligibility

\* indicates a required field

If you need to contact us throughout the application process, please quote the application number below:

#### **Application Number**

This field is read only.

#### Information For Applicants:

Before completing this form, you should have read the Guidelines for the Te Pūaha General Fund:

Te Pūaha General Fund Guidelines

Incomplete applications, and/or applications submitted after the closing date, will not be considered.

Whakatāne District Council requires all applicants to abide by a set of Terms and Conditions if they receive a grant from us:

Community Grants and Funding - Terms and Conditions for Grant Recipients

### If you have any questions, please contact the Community Funding Advisor at grants@whakatane.govt.nz

#### Confirmation Of Eligibility

I/we confirm that:

- I/we have read and understood the guidelines for the Te Pūaha General Fund.
- I/we are not applying for anything Whakatāne District Council cannot fund, including wages, salaries, and retrospective funding.
- The project/activity I/we are applying for funding for directly benefits people in the Whakatāne District.
- There are no overdue forms, reports or unspent funding owed to Whakatāne District Council from previous funding.
- I/we will abide by the Terms and Conditions for Grant Recipients if I/we receive a grant.

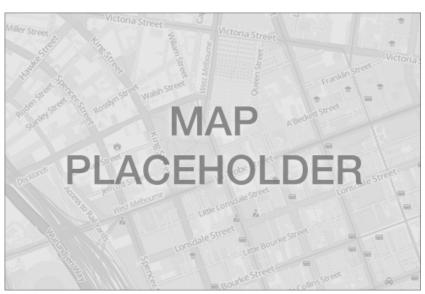
### I confirm all statements above are true and correct. \* O Yes

Privacy

Whakatāne District Council collects and stores information that is given to us as part of the funding application process. This information is collected and stored in accordance with our obligations and your rights set out in the Privacy Act.

For more information on our obligations and your rights, go to <a href="mailto:Privacy.org.nz">Privacy.org.nz</a>

Do you consent to y  ○ Yes	ou information bein	g collected and held	? *
Contact Details			
* indicates a required	field		
Organisation Name		pears on official documen	ts.
Primary Contact F	Person		
application.		est person to contac	
Name: * First Name	Last Name		
Position In Organisa	ation (If Applicable):		
Email: *			
Must be an email address	S.		
Phone Number: *			
Must be a New Zealand p	phone number.		
Main Address: * Address			



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Address (If D	ifferent From Main	Address):	
Website (If applicab	le):		
Must be a URL.			
Secondary Conta	ct Person		
Please give a back-up	contact person if the I	Primary Contact Person	is not available.
Name *			
Name * First Name	Last Name		
	Last Name		
	Last Name		
First Name	Last Name		
First Name			
First Name  Email *			

#### **Proposal Details**

\* indicates a required field

Proposal Title *
Word count:  Must be no more than 20 words.  Provide a short name for the proposal/programme/project you are seeking funding for.
Proposal Details
Please give us a summary of your proposal/programme/project.
We recommend you read all the questions on this page before you type your answer, to avoid having to repeat yourself.
What waterway or marine environment will your project take place in? *
Outline of your project/summary of your proposal: *
Word count: What are you planning on doing?
How would this proposal/programme/project benefit the Whakatāne District, its residents, and its communities? $^{*}$
Word count:
How does your proposal/programme/project meet the guidelines and goals for the Te Pūaha General Fund? $^{\star}$
Word count:
If there is any additional information you would like us to know about your proposal, write it here:
Word count:
How many people will participate in your project/activity? *  ○ 1-10 People  ○ 11-25 People  ○ 26-100 People  ○ 101-500 People

Proposal start & end date:
Estimate the start and end date here. If not confirmed, provide your best guess.

Anticipated start date \*

Anticipated end date \*

Support Material And Previous Work

Use this optional section to upload examples of work you've done in the past and/or to attach any letters of support you have.

Attach a file:

#### Proposal Budget

\* indicates a required field

**GST** 

Below this section, there is a table to fill out what items you will use funding for. How you fill out this section depends on whether or not your organisation is registered for GST.

#### If your organisation is not registered for GST:

Put the *GST inclusive amount (the full amount)* when you list the cost of items in the table below, and the *GST inclusive amount* in the total amount of funding you request.

If you are approved for funding, you will be paid the exact amount allocated to you by the Community Funding Committee. This is done through a bank transfer.

#### If your organisation is registered for GST:

Put the *GST exclusive amount* when you list the cost of the items in the table below, and the *GST exclusive* amount in the total amount of funding you request.

If you are approved for funding, you will be paid the amount allocated to you by the Community Funding Committee, *plus GST*. You will need to provide an invoice to us for the amount allocated by the Committee, with GST added to it.

#### Is your organisation registered for GST? \*

Yes - Organisation is GST registered

<ul> <li>No - Organisation is not GST registered</li> </ul>	
Project Costs	
Write down all the expected costs of your pro Equipment costs/hire.	ject and include the details, eg Materials,
List specific items funding will be spent on.	Estimate the cost of those items.
Total Expenditure Amount  This number/amount is calculated.  Evidence Of Costs  Use this section to attach evidence of your and receipts for similar items. *  Attach a file:	our costs. These could be quotes, invoices,
Project Income	
If you have sources of income, for or related t	iduals and other organisations. <i>Do not include ion.</i> n your project (in ticket sales, product
List specific sources of income	Amount The amount of income

Total Income Amount
This number/amount is calculated.
Total Amount Requested *
Must be a dollar amount. What is the total financial support you are requesting in this application?
Organisation Details
* indicates a required field
How long has your organisation been operating? *  ○ Less Than 1 ○ 1-5 Years ○ 6-10 Years ○ 11-20 Years ○ More Than 20 Years
What's the main purpose of your organisation? (If Applicable) *
Word count:
<ul> <li>What type of organisation are you? *</li> <li>Community Group</li> <li>Educational Institution</li> <li>Marae</li> <li>Faith-based Institution</li> <li>Club</li> <li>Business With A Charitable Purpose</li> <li>General Not-For-Profit</li> <li>Please choose the option that best applies to your organisation.</li> </ul>
Do you have a NZBN (New Zealand Business Number) or a CRN (Charity Registration Number)? Tick all that apply. *  □ NZBN □ CRN □ Neither
NZBN
The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.
New Zealand Companies Register Information
NZBN

Entity Name	
Registration Date	
Entity Status	
Entity Type	
Registered Address	
Office Address	
Must be formatted correctly.	
CRN	
The Charity Registration Number provided will be used to look up the Click Lookup above to check that you have entered the Charity Registerectly.	
New Zealand Charities Register Information	
Charity Registration	
Number	
Organisation Name	
Other Names	
Status	
Street Address	
Postal Address	
Telephone	
Fax	
Email	
Website	
Date Registered	
Must be formatted correctly.	
How many full-time (paid) staff does your organisation empl	oy? *
Must be a number. Put 0 if there are none.	
How many part-time (paid) staff does your organisation emp	loy? *
Must be a number. Put 0 if there are none.	
How many people do volunteer (unpaid) work for your organ	isation regularly? *
Must be a number. Put 0 if there are none.	

How many people does your organisation work with in an average week? *
Must be a number. This includes organisation members, organisation clients, and other participants
Financial Details
* indicates a required field
Financial details of your organisation:
What is the average yearly revenue for your organisation? *  ○ Less than \$10,000  ○ \$10,001 - \$50,000  ○ \$50,001 - \$250,000  ○ \$250,001 - \$1,000,000  ○ More Than \$1,000,000  Base your answer on the past 2-3 years. For new organisations, provide your best guess.
What is the monetary value of all of your organisation's assets? *  ○ Less than \$10,000  ○ \$10,001 - \$50,000  ○ \$50,001 - \$250,000  ○ \$250,001 - \$1,000,000  ○ More Than \$1,000,000  This includes cash assets.  Attach a copy of your most recent Annual Report
This Annual Report must include a summary of your financial position.
If your Annual Report is more than 6 months old, we prefer you also provide a Financial Statement.
This may be a Profit and Loss Statement, a Financial Performance Statement, a Balance Sheet, or similar document showing your organisation's finances.
If your organisation does not produce an Annual Report, or you are a new organisation, please provide us with a Financial Statement preferably less than 6 months old.
* Attach a file:
If your organization has over \$50,000 in cash assets, use this section to explain what costs or projects those funds are reserved for:

Have you received funding from the Whakatane District Council in the past three years?  $\mbox{\ensuremath{^{\ast}}}$ 

○ Yes		○ No
Use this section to I District Council in th		nave received from the Whakatane
Type of Funding/Gra	nt:	Amount of Funding:
Bank Account De	tails	
Bank Account for yo Account Name	ur organisation: *	
Account Number		
	and bank account format.	
<b>Proof of Bank Accou</b> Attach a file:	nt *	
Please attach a file (such	as a deposit slip or statm	ent) confirming your bank account information.
Certification And	d Feedback	
* indicates a required	field	
Confirmation Of Authority		
I confirm I am autho  ○ Yes	rised to act on behal	f of my organisation: *
Confirmation Of I	nformation	
Name: *		
First Name	Last Name	
To the best of my kr correct: * O Yes	owledge, the inform	ation I have given in this form is true and

### Applicant Feedback

How long did it minutes.	take to complete	e your application	on? Please give y	our answer in
Must be a number. Please give your an	swer in minutes (1 h	our = 60)		
	s our application  ○ Reasonably  Easy	•	or	<ul><li>Very Difficult</li></ul>
_	y suggestions or fferently next ti		ıt our applicatio	n process? What
Word count:				