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. *
○ 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 Privacy.org.nz

Do you consent to you information being collected and held? *
○   Yes

Contact Details

* indicates a required field

Organisation Name *

Please uses your organizations full name, at it appears on official documents.

Primary Contact Person

Please fill in the contact details of the best person to contact about about this application.

The Primary Contact Person should be the person who fills out this form.

Name: *
First Name   Last Name

Position In Organisation (If Applicable):

Email: *

Must be an email address.
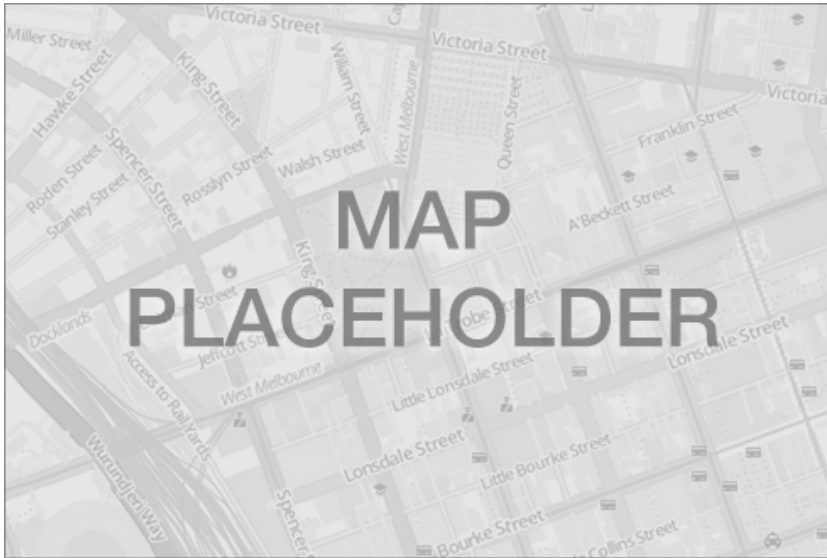
Phone Number: *

Must be a New Zealand phone number.

Main Address: *
Address

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

Postal Address (If Different From Main Address):
Address

Website (If applicable):

Must be a URL.

Secondary Contact Person

Please give a back-up contact person if the Primary Contact Person is not available.

Name *
First Name   Last Name

Email *

Must be an email address.

Phone Number *

Must be a New Zealand phone number.

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? *

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

○ 501 Or More 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

○ No - Organisation is not GST registered

Project Costs

Write down all the expected costs of your project and include the details, eg Materials, Equipment costs/hire.

Item	Cost
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 costs. These could be quotes, invoices, and receipts for similar items. *
Attach a file:

Project Income

If you have sources of income, for or related to this project, write down that income here.

This includes donations and grants from individuals and other organisations. *Do not include the amount you are asking for in this application.*

If you expect to be receiving income from your project (in ticket sales, product sales, or individual donations) include an estimate of that income.

Income	Amount
List specific sources of income	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 Year   ○ 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:

What type of organisation are you? *
○ Community Group
○ Educational Institution
○ Marae
○ Faith-based Institution
○ Club
○ Business With A Charitable Purpose
○ General Not-For-Profit
Please choose the option that best applies to your organisation.

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 following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

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 employ? *

Must be a number. Put 0 if there are none.

How many part-time (paid) staff does your organisation employ? *

Must be a number. Put 0 if there are none.

How many people do volunteer (unpaid) work for your organisation 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? *

○ Yes   ○ No

Use this section to list any funding you have received from the Whakatane District Council in the past three years:

Type of Funding/Grant:	Amount of Funding:

Bank Account Details

Bank Account for your organisation: *
Account Name

Account Number

Must be a valid New Zealand bank account format.

Proof of Bank Account *
Attach a file:

Please attach a file (such as a deposit slip or statment) confirming your bank account information.

Certification And Feedback

* indicates a required field

Confirmation Of Authority

I confirm I am authorised to act on behalf of my organisation: *
○ Yes

Confirmation Of Information

Name: *
First Name   Last Name

To the best of my knowledge, the information I have given in this form is true and correct: *
○ Yes

Applicant Feedback

How long did it take to complete your application? Please give your answer in minutes.

Must be a number.
Please give your answer in minutes (1 hour = 60)

How difficult was our application process?

○ Very Easy   ○ Reasonably Easy   ○ Neither Easy or Difficult   ○ Reasonably Difficult   ○ Very Difficult

Do you have any suggestions or comments about our application process? What should we do differently next time?

Word count: