

# Community Board Application Form

## Form Preview

### 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.

### Privacy and Information

Whakatāne District Council collects information provided throughout the funding process, for the purpose of effectively administering our community grants and funding programme.

Information is shared with relevant Whakatāne District Council staff and our Community Board members. Information may be shared with other members or staff of your organisation (if the application is on behalf of an organisation) or collected from third parties, where it is deemed necessary for the effective administration of our funding programme.

To maintain transparency, summaries of applications are reported in Community Board [meeting agendas and minutes](#).

Whakatāne District Council is committed to managing information responsibly. Whakatāne District Council's full [Privacy Policy is available on our website](#).

### Information for Applicants:

**Before completing this form, you should have read the Guidelines for the Community Board Discretionary Fund:**

[Community Board Discretionary Fund Guidelines](#)

**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](#)

*Any incomplete applications, or applications for retrospective funding, will not be considered*

**If you have any questions, please contact the Governance Team at [governance@whakatane.govt.nz](mailto:governance@whakatane.govt.nz)**

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### Before you Begin:

Before you begin, please ensure you have the following ready to upload:

- Proof of your bank account
- Evidence of costs for your expenses (accepted formats include PDF, JPEG, Word)
- If you are GST registered, your GST number
- Your latest Annual Report/Balance Sheet.

*GST information and Annual Reports are not required if you are applying as an individual.*

### Confirmation of Eligibility

I/we confirm that:

1. I/we have read and understood the guidelines for the Community Board Discretionary Fund.
2. I/we are not applying for anything Whakatāne District Council cannot fund, including wages, salaries, and retrospective funding.
3. 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

### Contact Details

\* indicates a required field

#### Type Of Application

**Are you applying as an individual, or on behalf of an organisation? \***

Individual       Organisation

Organisation Name

First Name

Last Name

#### Primary Contact Person

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

**Name: \***

First Name

Last Name

**Position In Organisation (If Applicable):**

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**Email: \***

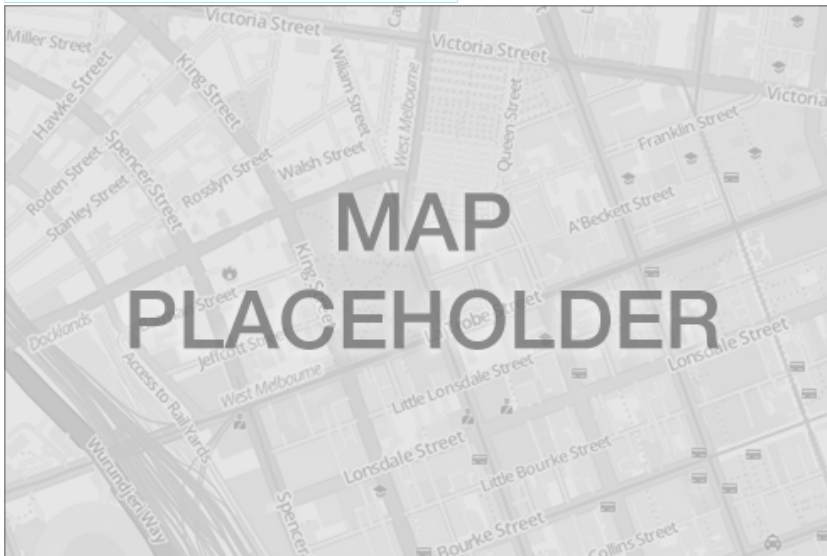
Must be an email address.

**Phone Number: \***

Must be a New Zealand phone number.

**Main Address: \***

Address

Use your organisations address if you are applying on behalf of an organisation

**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 \***

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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 \***

Must be no more than 20 words.

Provide a short name for the programme/project you are seeking funding for.

### Proposal Details - Individual

**Provide a description of your project/activity. How will you be using funding? \***

If you have prior achievements linked to this application form, like sporting or scholarly achievements, include them here.

**What are you aiming to achieve with this project/activity, and how will you know if you've accomplished those goals? \***

### Proposal Details - Organisation

***Please give us a summary of your proposal/programme/project.***

**Provide a description of your project/activity/event. How will you be using funding? \***

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**How would your project/activity/event be beneficial to the Community, and how will you measure the impact and benefits of your project? \***

## Community Outcomes

**Whakatāne District Council has adopted a set of Climate Change principles to ensure that Climate Change is considered in all decisions that are made. Use this section to describe the potential impacts (both positive and negative) on Climate Change your project/activity may have: \***

To learn more about our Climate Change Principles and our Climate Pathway [click here](#)

**Which of the following will funding go towards? Tick all that apply \***

- |   |   |
|---|---|
| <input type="checkbox"/> Arts and cultural projects/events, including travel to national/international events | <input type="checkbox"/> Advertising and promotion                                  |
| <input type="checkbox"/> Sporting projects/events, including travel to national/international events          | <input type="checkbox"/> Youth projects and development                             |
| <input type="checkbox"/> Operational costs for community groups/ non-profit organisations                     | <input type="checkbox"/> Environmental initiatives                                  |
| <input type="checkbox"/> Community pride and beautification   | <input type="checkbox"/> Projects to support older people                           |
| <input type="checkbox"/> Community projects in general  | <input type="checkbox"/> Community Board generated projects events, and initiatives |
| <input type="checkbox"/> Seed funding for community events and projects                                       | <input type="checkbox"/> Travel costs not included in other categories              |
| <input type="checkbox"/> Facility development, renovations, or upgrades                                       | <input type="checkbox"/> None of the above  |

## Project Timeline

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

*We are unable to provide retrospective funding for projects and activities that have already started, or been completed, prior to Community Board meetings. For a list of key dates, see our [meeting calendar](#)*

**Start date \***

**End date \***

**What is highly likely to happen if you aren't awarded funding, or are awarded a smaller amount than requested? Tick all that apply: \***

- |   |  |
|---|--|
| <input type="checkbox"/> The project/programme will not go ahead. | <input type="checkbox"/> There will be an added cost to project/ programme participants. |
|---|--|

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- The project/programme will be delayed.
- The project/programme will be scaled down and may have a reduced impact.
- I/we will seek other sources of funding (including grants, fundraising, and private donations).
- I/we will seek non-financial support (including volunteer help, in-kind contributions, and support from other organisations).
- More of the resources I/we already have will be used to support this project/programme.
- Things outside of this project/programme will be negatively affected, including funds being diverted from other projects, other projects being postponed/cancelled.
- None of the above, the project/programme will go ahead as described.

### 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 Board. 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 Board, *plus GST*. You will need to provide an invoice to us for the amount allocated by the Community Board, with GST added to it.

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

- Yes - Organisation is GST registered

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No - Organisation is not GST registered

**What is your GST Number? \***

### Project Costs

Fill in this table with all of the items you are requesting funding for. E.g. materials, equipment costs/hire, event or venue costs.

Use the "Evidence Of Costs" column to attach quotes, invoices, screenshots, or receipts for similar items, for the expenses you are listing.

Item	Cost	Evidence of Costs

### Project Income

If you have sources of income, for or related to this project, describe that income here. This includes ticket sales, fundraising, product sales, entry fees, donated equipment, funding and grants, and your own contributions. *You do not need to include donations and grants that aren't directly related to your project.*

**Do not include the amount you are asking for in this application.**

Item	Value

### Budget Totals

**Total Project Costs**

This number/amount is calculated.

**Total Project Income**

This number/amount is calculated.

**Total Funding Shortfall (Total Project Costs minus Total Project Income)**

This number/amount is calculated.

**Total Amount Requested \***

Must be a dollar amount.

What is the total amount of funding you are requesting?

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### Organisation Details

\* indicates a required field

#### Organisation Details

**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 are the main purposes and activities of your organisation? \***

**If you are an organisation that has members, how many members does your organisation have?**

Must be a number.

**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

#### 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.

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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.

## 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 organisation does not produce an Annual Report, or you are a new organisation, please provide us with a Financial Statement less than 6 months old.**

This may be a Profit and Loss Statement, a Financial Performance Statement, a Balance Sheet, or similar document showing your organisation's finances.

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\*

Attach a file:

**Have you received grants and funding, or in-kind support, from the Whakatāne District Council in the past three years? Tick all that apply: \***

Grants and Funding       In-Kind Support       Neither

**Use this section to list any funding you have received from the Whakatāne District Council and our Community Boards in the past three years:**

Type of Funding/Grant:	Amount of Funding:	Year Recieved

**Use this section to list any in-kind support you have received from the Whakatāne District Council and our Community Boards in the past three years:**

Description of In-kind Funding	Year Received	Estimated Value:

**Use this section to attach proof of you/your organisation's bank account.**

This proof of account could be a bank deposit slip, a letter from your bank confirming your details, a bank statement, or a similar document. If you are applying on behalf of an organisation, this bank account should be in your organisation's name.

*We are unable to accept screenshots of banking apps as proof of account.*

**Proof of Bank Account \***

Attach a file:

## Certification and Feedback

\* indicates a required field

### Presenting to the Community Board

Applicants are required to attend the Community Board meeting, where they will be given the opportunity to present their application to the Community Board and answer questions.

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Community Board meeting dates and times are included on [the Calendar on our website](#).

### Contact details of person who will present to the Community Board: \*

First Name

Last Name

### Email \*

Must be an email address.

We will be in contact to confirm the Community Board Meeting time and date.

### 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 this application form?

Less than 30  
Minutes

Between 30  
Minutes and 2 Hours

Between 2 and 4  
Hours

More than 4 Hours

#### How difficult was our application process?

Very Easy

Reasonably  
Easy

Neither Easy or  
Difficult

Reasonably  
Difficult

Very Difficult

#### How did you find out about this fund?

Email/  
Council Mailout

Social  
Media

Radio  
Advertising

Newspaper  
Advert

Word of  
Mouth

Other:

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

Word count:

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