

Community Board Targeted Rate Fund Application

Information to the applicant:

- Complete this form to apply for a grant from your Community Board in your ward.
- This application form is not intended for loans.
- The application must be made in the same name as the verified bank account.

Applicants should fill out all details where applicable, however some details asked for in the application may not apply to your specific request.

1	Name of applicant Organisation/ Group/ Individual			
2	2 What community Fund are you applying for?			
Te	Temuka Targeted Rate Fund			
Ple	Pleasant Point Targeted Rate Fund			
Ge	Geraldine Targeted Rate Fund			

3 Describe your project here (only attach a separate sheet if there is insufficient room here)

4 Date(s) of project	

5 Budget

- Show all income sources including those not yet confirmed.
- List the full income and expenses of your project. Provide a complete project budget on a separate page if necessary.

Expenditure (Project Costs)	\$ Confirmed income / other grants (How you plan to fund the project)	\$
	Unconfirmed income / other grants	
	applied for:	
	Plus contribution from own funds:	
Total cost of project is:	Total income of project is:	
	Surplus / Deficit	\$

6 Amount you are applying to the Community Board for? \$

7Have you supplied quotes for all costs?YesNo(Please note if an item is \$10,000 or more then TWO quotes are required for that item)

8 If there is any income (profit) raised through the project what will it be used for?

9 Committed funds

If your latest financial accounts show substantial funds are on hand or invested, you must provide detail as to what the purpose of the held funds are:

10 Summarise your fundraising efforts for this project:

11 How will future funding be obtained?

13 How many people are expected to benefit?

14 How many active participants are there? (if applicable)

15 Estimate the number of volunteer hours involved in this project *(if applicable)*

16 Promotion How will the event / service / facility be marketed / advertised? Attach a marketing plan for events (*if available*)

17 Please add anything else you wish to that may aid your case for financial assistance for this project.

How many people belong to the organisation/ group applying?
What is the legal status and purpose of your.

20 What is the legal status and purpose of your organisation/group?

18

How long has the organisation/ group been operating?

21 Outline some of your organisation's/group's achievements during the last 12 months?

22 Is your organisation registered with the Charities Commission?								
If yes, please enter your registration number C C								
23 The Council requires public acknowledgement of any funding assistance it gives towards events . Please indicate how this will be achieved if your application is successful? Circle as many as applicable								
Newsletter	Website	Use TDC logo Public Address/Opening			ening	Media Advertising		
Signage	Publications	Annual Report	Use TDC Promotional banner			er		
Other?								
24 Is your organisation registered for GST?								
If yes, please write your GST number here								
 25 Bank Account Details Record the bank account details to which payment for successful applications will be direct credited. Verification must be attached, eg bank deposit slip. Account name: 								
Account Numb								
26 Address o								
Postal Address	:							
required?	etails of one per	son from the organisa	ation who	can provide i	more info	ormatio	on if	
Name:								
Email:								
Phone Number				<u>Night</u>				
28 Public Information. The amount requested and relevant information that is not subject to sections s7(2)(a) and s7(2)(b)(ii) to protect a person's privacy, including the privacy of deceased persons and to protect commercially sensitive information will be public information. The application form and any relevant supporting information will remain in public excluded.								
29 Checklist : Applicants should fill out all details where applicable, however some details asked for in the application may not apply to your specific request.								
							/ No	
Application is made in the same name as the verified bank account ^{* Mandatory}								
Attached verification of the bank account* Mandatory								
Attached annual accounts / bank statement for the most recent financial year Included a full budget								
	Attached quotes for all costs.							
(Note: if an item is \$10,000 or more then TWO quotes are required that item)								
Attached a marketing plan for an event (if available)								
The contact pe	The contact person I have named is easily contacted							

29 Declaration

I declare that the information provided in this application is true and correct, to the best of my knowledge, and that I have the authority to make the application on behalf of the applicant.

I consent to the Timaru District Council collecting the personal contact details provided in this application form, retaining and using these details for the sole purpose of considering the application and managing any awarded funds. I undertake that I have obtained the consent of the contact person to provide these details. I acknowledge our right to have access to this information. This consent is given in accordance with the Privacy At 2020.

Name:		
Position in organisation:		
Signature:	Date:	

Please make a complete copy of your entire application for your information, then send this completed form and all attachments via one of the following methods:

Email: governance@timdc.govt.nz

Post: Timaru District Council, PO Box 522, Timaru 7940

Or you may wish to hand deliver or Courier to:

Timaru District Council Office	Geraldine Library and Service Centre	Temuka Library, Service and	
2 King George Place	78 Talbot Street	Information Centre	
Timaru 7910	Geraldine 7930	72 King Street	
		Temuka 7920	

For help with this form or for more information, please contact:

Governance, telephone 03 687 7200, freephone Geraldine area 0800 484 632, email <u>governance@timdc.govt.nz</u>