

# City Centre Vibrancy Proposal

## Form Preview

### City Centre Vibrancy Proposal

\* indicates a required field

#### Personal Information

##### **Main Project Contact \***

First Name

Last Name

##### **Group/Organisation Name**

##### **Main Contact Phone Number \***

Must be a New Zealand phone number.

##### **Main Contact Email \***

Must be an email address.

##### **NZ Charity Registration Number (CRN) (if applicable)**

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.

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### NZ Business Registration Number (NZBN) (if applicable)

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.

### Project Details

#### Project Title \*

#### Please provide a short description of the proposed project \*

Provide a short description (50 words recommended) of your project - what are you out to do?

#### What are the primary areas of focus for this project/program? \*

No more than 5 choices may be selected.

You can select items from any area of the list - all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

#### Who are the expected primary beneficiaries of this project/program? \*

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal - no particularly targeted beneficiaries'

#### Please provide a short description of your experience and success with previous projects and activations \*

#### Please provide a detailed description of your project \*

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### Please provide any documents that would support your project

Attach a file:

Photographs, sketches, designs etc

### Which public spaces would be suitable for your project \*

- Albert Square
- City Centre Mall
- Civic Square
- Landmarks Square
- Warren Street Car Park
- 300 West Heretaunga Street Laneway
- Other:

If you intend to use a Hastings District Council park, facility or public space for your event you will need to book the space. To secure the space we advise you book the space as soon as possible and at least one month prior to your event.

Fees and charges may apply: [Fees and Charges](#)

Book a park or open space: [book a space](#)

### Do you already have an approved booking for this space from Hastings District Council \*

- Yes
- No

### Estimated dates of project \*

### Is this a free event \*

- Yes
- No

### If this is not a free event, what will the cost be to the public?

Events or activities that are not free to the public may incur a park or open spaces fee. Please refer to the HDC parks booking form for prices and If applicable add fee to your project budget below. <https://www.hastingsdc.govt.nz/our-council/fees-and-costs/>

## Project Budget

**Income**

\$

**Expenditure**

\$

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eg ticketing income	\$	eg artist fees	\$
eg other funding	\$	eg park booking fee	\$
	\$	eg equipment	\$
	\$	eg materials	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

### Budget Totals

**Total Income Amount**

\$

This number/amount is calculated.

**Total Expenditure Amount**

\$

This number/amount is calculated.

**Income - Expenditure**

\$

This number/amount is calculated.

### Additional Budget Information

**Total Amount Requested from Council \***

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

**Please provide any additional information around the total project cost**

**Please attach any additional budget information, including relevant quotes.**

Attach a file:

**Can your project proceed if full funding is not allocated?**

- Yes  
 No

**Tell us about all other grants, contracts or assistance you have received or applied for through the Hastings District Council in the current and previous financial year: \***

e.g.Dates, Details, Contact Person, Grants Scheme, Council Department

### Local Priorities

Preference will be given to applications that align to the Hastings District Council Toi-Tu Arts Strategy. The Toi-Tu Arts Strategy was developed to support and grow Hastings thriving arts sector by providing direction and leadership.

The Toi-Tu Arts Strategy can be found online [here](#):

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### Does your Project respond to Toi-tu? \*

- Does it express identity of this region, its people and places?
- Can it gain positive regional, national international profile?
- Does it foster inter-cultural exchange?
- Does it offer opportunities for cultural connection?
- Have potential barriers to participation in it been addressed?
- Does it encourage community inclusion?
- Does it celebrate cultural diversity?
- Does it support creative sector employment and enterprise?
- Are visitor experiences of the region enhanced by it?
- Does it contribute to environmental awareness?
- Does it contribute to a sense of place?
- Does it exhibit and foster environmental responsibility in practice?

### Briefly explain how your project fits with your chosen Toi-Tu outcome(s) \*

## Declaration

I/we declare that the information supplied here is correct.

If the application is successful, I/we agree to:

1. Enter into a Contract for Service with Hastings District Council which will identify agreed deliverables for the funding awarded
2. Complete and return six monthly and annual reports, and a set of financial accounts (audited accounts are required for grants of \$15,000 or more)
3. Participate in any funding audit of your organisation or project conducted by Hastings District Council, or an appointed contractor, if required
4. Inform the Hastings District Council of any public event or issue arising out of your project or service
5. Participate in Child Protection Training or provide an active Child Protection Policy for your organisation
6. Provide a Health and Safety Plan which shall be submitted to Hastings District Council within one month of acceptance of the contract. The Health and Safety Plan shall include:
  - A hazard register for the services undertaken. The hazard register will identify the hazards and their associated risks and document the measures to eliminate or minimise the risks;
  - A procedure for dealing with accidents & incidents;
  - A procedure for dealing with potential emergencies;
  - A procedure or instruction for communicating the hazard register, and procedures with employees/ volunteer workers.
7. Acknowledge the assistance of Hastings District Council at events, and use the Hastings District Council logo in all publicity/communications for this project

We understand that the Hastings District Council is bound by the Local Government Official Information and Meetings Act 1987. In this regard, we consent to it recording the personal contact details provided in this application, retaining and using these details.

We understand that our name and brief details about the project or service may be released to the media or appear in public material.

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We undertake that we have obtained the consent of all people involved to provide these details. We understand that we have the right to have access to this information.

This consent is given in accordance with the Privacy Act 1993.

### HDC T&C \*

Yes I agree to the HDC T&C

### Applicant Name \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Applicant Position \*