

# Community Events Fund Application

## Form Preview

### About you

\* indicates a required field

### About the Applicant

#### Applicant \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Applicant Position

If you are representing a group or business

#### Applicant Primary Address \*

Address

  

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

#### Applicant Primary Phone Number \*

#### Applicant Primary Email \*

Must be an email address.

### Organisation Name and Contact

Are you applying as an: \*

- Individual
- Registered Charity
- Business
- Community Group

### Registered Charity

#### NZ Charity Registration Number (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

# Community Events Fund Application Form Preview

Number
Organisation Name
Other Names
Status
Street Address
Postal Address
Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

## Business

### **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.

## Community Group

### **Community Group Name \***

Organisation Name

### **Community Group Description**

## Your Event

# Community Events Fund Application

## Form Preview

\* indicates a required field

### Event Details

**Event name \***

**Event description \***

Provide a short description (250 words recommended) of your project - what are you out to do?

**How many people are you expecting at your event**

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

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? \***

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'

**Is this a new event? \***

- Yes this is a new event  
 No this is an annual event

**Event Start date \***

Must be a date, • Applicants must be made two months prior to the event date.

**Event End date \***

Must be a date

**Where will the event take place? \***

If on land not owned by the group, please provide signed permission from the owner

If you intend to use Hastings District Council Parks or Facilities 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.

# Community Events Fund Application

## Form Preview

More information can be found here: <https://www.hastingsdc.govt.nz/hastings/reserves/book-a-park/>

**Signed permission from land owner (if applicable)**

Attach a file:

**Which other organisations or groups will be involved in the event (if applicable)?**

**Please attach any supporting documents you would like considered along side your application.**

Attach a file:

### Event Details - Annual Event

**What has changes from previous years**

What trends have you noticed from past years and what changes or improvements are you planning for this event

### Event Details - New Event

**Why do you think there is a need for this event? \***

Word count:

Must be no more than 200 words.

**Please describe how the community will benefit from this event \***

Word count:

Must be no more than 200 words.

Describe the estimated number, gender, age and location/region of those participating in the project (150 words recommended)

**What are the outcomes the event aims to achieve? \***

# Community Events Fund Application

## Form Preview

Word count:

Must be no more than 400 words.

### Health and Safety

You shall be responsible for ensuring all relative legislation is complied with relating to the purpose of this grant. This includes, but not limited to the Health and Safety at Work Act 2015 and Regulations.

**Please indicate you have read and accept this responsibility:**

### Event Value, Marketing and Growth Strategy

#### Event Value

**Estimate number of local people participating in the event (from the Hastings District)**

Must be a number.

including spectators, participants, officials and media

**Estimate number of visitors participating in the event (from outside the Hastings District)**

Must be a number.

including spectators, participants, officials and media whose visit can be attributed to the event

**Estimate number of visitor nights to the region**

Must be a number.

including spectators, participants, officials and media whose visit can be attributed to the event

**What are the benefit to the Hastings District Council for sponsoring the event**

#### Event Marketing Approach and Growth Strategy

**What is your current strategy to market and grow the event**

# Community Events Fund Application

## Form Preview

### List all the marketing methods you are planning to use

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Website      | <input type="checkbox"/> Radio         | <input type="checkbox"/> Paid Social Media           |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> News paper   | <input type="checkbox"/> Direct mail   |  |

### What engagement opportunities are planned with local businesses, communities, and/or schools

### Are you planning to use local providers, regional resources and/or infrastructure

## Financial Information

\* indicates a required field

### Budget Information

Is your organisation GST registered? \*  Yes  No

If yes, please provide GST number

Must be a registered GST number

### Budget

If your organisation is GST registered DO NOT include GST in these costs.

Income	\$	Expenditure	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

### Budget Documents

Upload a budget document

# Community Events Fund Application

## Form Preview

Attach a file:

### 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.

**What is the total amount of funding you are requesting from Hastings District Council ? \***

\$

Must be a dollar amount.

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

### Additional Budget Information

**Do you have any other information to add to your budget?**

**Are you requesting any additional in-kind support from Hastings District Council?**

Such as marketing on Hastings District Council social media networks, signage for display on Council billboard sites, flags for installation on Council street poles, marquees, etc

**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

### Accountability for a previous grants and funding

If your group/organisation previously received funding from Hastings District Council please specify details below

Name of Project	Year Received	Amount Received	Accountability Report
		\$	
		\$	
		\$	

# Community Events Fund Application

## Form Preview

### Declaration

\* indicates a required field

In making this declaration I declare that:

1. I am authorised to do so and to the best of my knowledge the information contained herein is true and correct.
2. Any funding received will be used for the project for which it was approved and in the event that this is not possible, the funding will be refunded to Council.
3. The organisation will comply with any reasonable request from Hastings District Council to monitor performance and accountability.
4. This organisation will not make any material or substantial alteration to the project without obtaining approval from the Hastings District Council Community Grants Advisor
5. This organisation will obtain approval from Hastings District City Council prior to using their name or logo in any promotional material.
6. This organisation is fully compliant with all applicable legislation, including part 3 of the requirements under the [Vulnerable Children Act 2014](#) to safety check your volunteers and staff (if applicable).
7. This organisation is aware that the personal information that you provide in this form will be held and protected by Hastings District Council in accordance with our Privacy Statement.

**Full name of authorised signatory \***

Title

First Name

Last Name

**Full name of organisation**

**Position of authorised signatory \***

**Date of declaration \***

Must be a date