

Council Facility Fee Assistance Form

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

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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 Application

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* indicates a required field

What financial assistance are you requesting? *

- Support with a council facility hire fee only
- Support with a council park hire fee only

No more than 1 choice may be selected.

Council Facility

Which Council Facility are you wanting to use

- Hastings City Art Gallery
- Camberley Community Centre
- Flaxmere Community Centre
- Hastings Sports Centre
- Swim Heretaunga Pool (Flaxmere)
- Clive War Memorial Pool
- Village Pool (Havelock North)
- Toitoti - Hawke's Bay Arts & Events Centre
- Other:

How much have you need advised this facility will cost for your event

\$

Must be a dollar amount.

How much financial assistance are you requesting from council

\$

Must be a dollar amount.

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

Council Park or Reserve

Which Council park or reserve are you wanting to use

How much have you been advised this park or reserve will cost for your event

\$

Must be a dollar amount.

How much financial assistance are you requesting from council

\$

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

Your Event

Event Name

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Start Date

Must be a date.

- Applicants must be made two months prior to the event date.

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'

Please outline the details of your event

Dates, Costs, people involved etc

How will your event benefit the community

You can upload any addition information here

Attach a file:

A maximum of 10 files may be attached.

Budgets, letters of support, posters, photos etc

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.

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- 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