

# Single-Year Community Grant Application Form

## Form Preview

### Organisation Details

\* indicates a required field

**Organisation Name \***

**Applicant Name \***

Organisation Name

**Applicant Position \***

**Primary Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be New Zealand

**Applicant Primary Phone Number \***

**Applicant Primary Email \***

Must be an email address.

**Primary Website**

Must be a URL.

**Organisation Bank Account**

Account Name

Account Number

Must be a valid New Zealand bank account format.

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

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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.

### Applicant 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 Overview

\* indicates a required field

### Project Title \*

**Which of the current or future needs of our community are you addressing? \***

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- Uplifting the wellbeing of our communities by providing access to help and advice.
- Fostering a sense of pride within our district and across our diverse communities.
- Promoting happy, healthy and active communities.

No more than 1 choice may be selected.

If your project meets more than one need, please choose the one that most applies

### Short project description \*

Provide a short description (100 words recommended) of your project - what are you out to do?

### Start Date \*

Must be a date.

### End Date \*

Must be a date.

### Why does this work need to be done? \*

Describe the specific issue or need you want to address (200 words recommended)

### What are the planned activities? \*

Briefly list (bullet points) the specific activities that will take place and where they will take place (200 words recommended)

### Who will benefit from the project? \*

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

### What are the expected outcomes of the project? \*

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

### How will you know if these outcomes have been achieved? \*

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Describe three changes you will see if the expected outcomes of the project occur (150 words recommended)

**How does your project support the councils focus of uplifting community spirit and adding vitality across the district?**

### Additional Project Information

**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'

## Financial Information

\* indicates a required field

### Budget

Income	\$	Expenditure	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
e.g. ticket sales, membership fees, other grants, donations, in-kind support, own contribution, existing funds, expected fundraising etc.		e.g. materials, venue hire/office rental, advertising, promotion, equipment hire, personnel costs, etc.	

### Budget Totals

**Total Income Amount**  
\$

**Total Expenditure Amount**  
\$

**Difference**  
\$

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This number/amount is calculated.

This number/amount is calculated.

This number/amount is calculated.

### Total

#### **Total Amount Requested \***

\$

Must be a dollar amount and no more than 20000.

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

#### **If the amount requested differs from the difference above, please explain:**

#### **If your project can only be partly funded how can your project or service continue? \***

#### **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

#### **Please upload any additional budget information including quotes.**

Attach a file:

## Declaration

\* indicates a required field

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)

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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.

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 Project Contact \***

Title      First Name      Last Name

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### **Applicant Project Contact Position \***

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