

# Waitaki Heritage Fund Application



## Information

The Grants and Awards Committee meets three times a year to consider the Waitaki Heritage Grant applications. Applications may be submitted all year-round.

## Applicant Details

Place name and address for which funding is sought

  

Applicant Name

Are you the owner?

(Select one option)

Yes

No

If you are not the owner, what is your role in this project?

Brief description of project

eg. earthquake strengthening, repairs, reroofing, condition report

Application Date

## Contact Details for Applicant

Address

  

Phone Number

Email

## Heritage Protection

Is this listed with Heritage New Zealand?

(Select one option)

Yes

No

If yes, please provide list number AND

WDC District Plan Schedule Number

If no, please provide evidence of heritage significance

  

If listed with Heritage New Zealand, have they reviewed and supported the proposed works?

(Select one option)

Yes (Include letter of support if you have it)

No

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## Project Details

Has a conservation plan or a condition report been prepared for this place?

(Select one option)

Yes

No

If yes to above, is the work for which you are applying for funding identified in that plan?

(Select one option)

Yes

No

What is the place used for?

Will this use change as a result of this work?

(Select one option)

Yes

No

How long do you expect the work to take?

Professionals and tradespeople involved?

Who has provided conservation advice?

Are you GST registered?

(Select one option)

Yes

No

If yes, GST Number (please enter one digit in each box)

Total cost of project (excluding GST)

Your contribution

Have you sought other funding for this project? (Please provide details)

Shortfall

How much are you applying for?

# Waitaki Heritage Fund Application



## Declaration

I hereby apply for a grant towards the cost of the works described above

(Select one option)

Yes

No

I/We are unable to meet the full cost but I/we would be prepared to make a maximum contribution from my/our own resources of

\$

I/We enclose a copy of our audited annual accounts for the last financial year (in the case of an incorporated society).

(Select one option)

Yes

No

## Accountability Requirements

Funds must be used only for the purpose for which they were sought and /or approved and in accordance with any terms or conditions imposed by the Committee.

The recipient is required to inform the Committee immediately if any difficulties and /or potential difficulties arise which may compromise the project.

A complaint must be laid with the Police if any funds received through this scheme are stolen or misappropriated.

The Committee must be notified of all such complaints to the Police. The recipient must allow an audit on the use of the funds should the Waitaki District Council wish to undertake such an audit.

The recipient must recognise the support of the Waitaki Heritage Fund in all publicity material, annual reports and similar publications.

The recipient must provide an accountability report (or provide information that can be used in such a report) to the Committee outlining the use and benefits of the fund no later than 12 months after the funds have been uplifted.

An extension to the accountability timeline may be negotiated by contacting the fund administrator at Council offices.

I/We hereby declare that the information supplied in this application is correct.

If the application is successful, I/we agree to provide an accountability report (which will be sent to me/us with my/our grant) stating that the funding received has been spent on the project as stated in this application.

I/We also agree to participate in any funding audit of my/our organisation conducted by the Waitaki District Council.

Name

Position

Date

Signature

## Attachments

- Plans and specifications (where relevant)
- Two quotes from tradespeople
- Photograph of the place for which funding is sought
- Evidence of heritage significance if unlisted
- A letter of support from Heritage New Zealand (if the place is listed with Heritage New Zealand)
- A bank deposit form for your bank account

**Please return this form to Grants Administration at the Waitaki District Council, 20 Thames Street, Oamaru or post/email to:**

Grants Administration  
Waitaki District Council  
Private Bag 50058  
Oamaru

grantsadmin@waitaki.govt.nz

# Creditor Application Form



## Creditor Details

Name

Trading Name

Postal Address  
(include postcode)

  
  

NZBN Number

GST Number

Phone Number

Contact Name

Email Address (for remittance advices)

Email Address (for general enquiries etc)

Credit Terms

  
  

## Bank Account Details

Full Account Name (in BLOCK letters)

Account Number (please enter one digit in each box)

### Please Note:

- 1 Applications without a contact phone number and email address will not be processed.
- 2 Right align all bank account numbers e.g. Enter 02 suffix as 002.
- 3 Credit terms indicated on this form must match with the terms reflected on the invoice. Otherwise, the default payment terms, which is 20<sup>th</sup> of the following month from the invoice date, will be used.
- 4 'Waitaki District Council' will appear in the "particulars" column of your bank statement.
- 5 The creation of profile may take up to **3 working days** to be processed. Invoice can only be processed after the profile is created.

## Declaration

By completing and signing this form, I declare and confirm that I have the necessary authority to complete and submit this form to Waitaki District Council.

Name

Position

Signature

Date

Please email completed form to [accounts@waitaki.govt.nz](mailto:accounts@waitaki.govt.nz)

## Office Use Only

Requested By

Department

Entered By

Reviewed By