

# COMMUNITY GROUP GRANTS APPLICATION FORM 2023-24



Please make your application legible

## Applicant's Details

Full name of organisation or group	
Contact Name	
Organisation Full Postal Address	
Telephone Number (s)	
Organisation Email Address	
Legal Status ie not for profit, incorporated society	
Number of Members	

## Contact People:

Name of main contact:

Name of second contact:

Position in the organisation:

Position in the organisation:

Daytime phone number:

Daytime phone number:

## GST:

Are you GST registered?

Yes

Do **NOT** include GST in your budget

No

Include GST in your budget

GST Number \_\_\_\_\_

## ABOUT YOUR PROJECT

Project Title: \_\_\_\_\_

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Number of people involved: \_\_\_\_\_

### **How long will this project operate for?**

Start date: \_\_\_\_\_  
Must be after 15 April 2022

Finish date: \_\_\_\_\_

### **Describe the project that you require funding for:**

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### **How will this project benefit your organisation, the local community or the wider Waitaki District?**

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### **How will you carry out your project, with whom, where and when?**

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### **ABOUT THE FUNDS YOU ARE APPLYING FOR**

Total Project Costs eg materials, venue hire, equipment hire, promotion etc.	Amount \$

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(A) TOTAL COST	\$
Project Income eg ticket sales, grants, donations, existing funds, expected fundraising etc.	Amount \$
(B) TOTAL FUNDS AVAILABLE	\$

Total Cost of Project (A)	
Less Total Funds Available (B)	
Difference	
Amount Requested	

**Financial Information:**

Have you received grants/funding for your club or organisation in the last three years.	Amount \$

**Please provide us with a copy of your organisation’s latest annual accounts and a budget for the project.**

**YOUR DECLARATION** (2 signatures required)

We hereby declare that the information supplied in this application is correct. If the application is successful, we agree to provide an accountability report with receipts (which

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will be sent to us with our grant) stating that the funding received has been spent on the project/programme/service or activity stated in this application. We also agree to participate in any funding audit of our organisation conducted by Waitaki District Council.

We also consent to Waitaki District Council collecting, retaining and using the personal contact details of the persons listed in this application. We confirm that we obtained the consent of the persons listed in this application to provide these details and we have the authority to commit the organisation to this application. We acknowledge our right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

Name:

Name:

\_\_\_\_\_

\_\_\_\_\_

Signature:

Signature:

\_\_\_\_\_

\_\_\_\_\_

Position held:

Position held:

\_\_\_\_\_

\_\_\_\_\_

Date:

Date:

\_\_\_\_\_

\_\_\_\_\_

**SEND TO: [grantsadmin@waitaki.govt.nz](mailto:grantsadmin@waitaki.govt.nz)**

**Grants Administration  
Waitaki District Council  
Private Bag 50058  
OAMARU 9444**

**NOTE:** Before placing your application in an envelope please check you have answered all questions, even if they are not applicable (use N/A). If you have any questions, please contact Carole Hansen on 433 0300. Failure to return a completed application may delay the processing of your application.

**Things to remember:**

- Your application is signed by two members of your organisation**
- You have provided a bank deposit slip**
- You have provided your financial information**
- You have provided quotes where relevant**