



ECONOMIC RESILIENCE FUND - APPLICATION FORM

The Economic Resilience Fund is targeted to support individuals and groups to deliver commercially oriented activities which stimulate the economy or increase economic resilience.

- If you need more space, attach information to the back of this application form. Please include the section headings to help assessors.
- We recommend that you keep a copy of your completed application for your own reference.
- If you need advice on you application contact the **Economic Resilience Fund Co-ordinator Gerard Quinn** Email: supportandstimulus@waitaki.govt.nz

My project takes place in the Waitaki district
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I have answered all of the questions in this form
I have provided quotes and other financial details
I have provided other supporting documentation
I have read and signed the declaration
I have made a copy of this application for my records

APPLICANT DETAILS

Full name of individual or organisation, including legal status if an organisation		
Working title for project:		
Suburb:	Town/City:	
Postcode:		
Telephone (day):		
All correspondence will be sent to the above	email or postal address	
Name on bank account:	GST number:	
Bank account number:		
If you are successful your grant will be deposi	ted into this account	

BRIEF PROJECT OVERVIEW

Brief description of project:
Project location and timing
Venue and suburb or town:
Commencement date: Completion date:
Project details
Please attach additional pages as required
1. The idea - what do you want to do?
The fact what as you want to as.
2. The process how will the project happen?
2. The process - how will the project happen?
3. The people - Tell us about the key people and/or groups involved.

	e how the pandemic has caused or exacerbated the ch ty to be capitalised upon. Include relevant statistics or eed;	
5. The Budget		
Are you GST registered?	Yes Do NOT include GST in your budget	
	No Include GST in your budget	
	wn all the major costs of your project and include the ent hire and personnel costs.	details, eg; the mate-
Item eg; hall hire	Detail eg; 3 days' hire at \$100 per day	Amount eg' \$300
		+
		+
Total Costs		<u> </u>
Amount you are request	ting from the Economic Fund \$	

Date applied	Funding requested from	How much	Confirmed/unconfirme
a specific lo The numbe The numbe	ople who will benefit from the application and whe cation or across the district; and specifically er of jobs created or sustained delivering the project for follow-on benefits if the project is successful		penents will be se

The methodology that you will use to evaluate success;
The degree of alignment with other national or Council plans, policies, strategies and projects;
7. Capability - Describe your capability to deliver the outcomes, including key personnel involved;
Indicate to what extent local suppliers will be used;

Explain how any legal or compliance considerations will be addressed;
Identify any risks with corresponding mitigation measures;
Indicate the degree of collaboration with, and proof of support gained from Government or com-
munity organisations or commercial partners;
Indicate the level of any previous support you have received from Council.

	nust read and sign the following. Please place an X in each box to show that you have read formation and agree to each section.
	I/We declare that the details contained in this application are correct and that I/we have authority to commit to the following conditions.
If this	application is successful, I/we agree to:
	complete the project as outlined in this application (or request permission in writing from the Administrator for any significant change to the project).
	complete the project within the timescale for which funding has been approved.
	complete and return a project report form (this will be sent with the grant approval letter) within two months after the project is completed.
	return any unspent funds.
	keep receipts and a record of all expenditure for seven years.
	participate in any funding audit of the project if required by the Council.
	I understand that the Waitaki District Council maybe bound to release information if required under the Local Government Official Information and Meetings Act 1987
	I/we consent to Waitaki District Council recording the personal contact details provided in this application, retaining and using these details, for the purpose of progressing this application.
	I/we understand that my/our name and brief details about the project may be released to the media or appear in publicity material.
	I/we undertake that I/we have obtained the consent of all people involved to provide these details. I/we understand that I/we have the right to have access to this information. This consent is given in accordance with the Privacy Act 1993
	By checking this checkbox, I, declare that I understand and agree with the Declaration, and that I am authorised to sign this form on behalf of the applicant.
Date:	

For office use: Date application received:

Entered into Fund Record database by:



Phone 03 433 0300

Email supportandstimulus@waitaki.govt.nz

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