

# Community Group Grants Application Form



## Applicant Details

Full Name of Organisation or Group

Contact Name

Postal Address

(include postcode)

Phone Number

Email Address

Legal Status

Number of Members

## Contact People

Name of Main Contact

Name of Second Contact

Position in the Organisation (Main)

Position in the Organisation (Second)

Daytime Phone Number (Main)

Daytime Phone Number (Second)

## GST

Are you GST Registered?

(Select one option)

Yes Do **NOT** include GST in your budget

No Include GST in your budget

GST Number

## Project Details

Project Title

Number of People Involved

Start Date

Finish Date

DD MM YYYY

DD MM YYYY

Describe the project that you require funding for


# Community Group Grants Application Form

## Project Details Continued

How will this project benefit your organisation, the local community, or the wider Waitaki district?


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


## Funding Details

Total project costs (e.g. planning/monitoring expenses, materials, labour costs, in-kind contributions etc, please attach quotes)

Type	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$

(A) Total Cost

\$

Project income (e.g. cash contributions, donations etc)

Type	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$

(B) Total Funds Available

\$

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## Funding Details Continued

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)

Type	Amount
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

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

## Applicants Declaration

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 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

Position

Date

Date

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

Grants Administration  
Waitaki District Council  
Private Bag 50058  
Oamaru

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

**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**

(Select multiple options)

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

# 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

DD

MM

YYYY

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

## Office Use Only

Requested By

Department

Entered By

Reviewed By