



**KAIKOURA
DISTRICT COUNCIL**

COMMUNITY INITIATIVES FUND

PROJECT APPLICATION FORM

A. Some information before you start

- Please complete one application form per project
- Applications are open twice a year in March and September
- Applications need to in by 4pm 12 September 2018
- Your project will not be considered if it has started before this application has been assessed
- Send your application to Kaikoura District Council, level 2, 96 West End Kaikoura or mail to:

Kaikoura District Council
Community Initiatives Fund
PO Box 6
Kaikoura

If you require assistance please contact the Grants Administrator at the Kaikoura District Council on 319 5026 or e-mail kdc@kaikoura.govt.nz

B. Check if your project fits the criteria

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| • Will your project take place within this district? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Will your project benefit the local communities within this District? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Will your project duplicate existing events and projects in the Kaikoura District? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Will the project increase the diversity of community events available to locals? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Will your project increase community education opportunities? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Will your project contribute towards a strong, sustainable community? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • If you have answered yes to three or more of the above questions, please continue | <input type="checkbox"/> | Yes | | No |

C. More information on your project

- Will your project have started by the time grants are announced? Yes No
- Are you asking for fundraising costs? Yes No
- Is your project already funded by Creative New Zealand? Yes No

If you have answered yes to any of the above questions, your project may not be eligible. Contact the Community Development Officer at the Council office on 319 5026 before continuing.

D. Tell us about yourself

Are you applying as an individual or as a group individual group/organisation

Full name of individual or group

Contact name

Address

Post code

Telephone number(s)

Email

E. Is your project targeted at a particular section of your community?

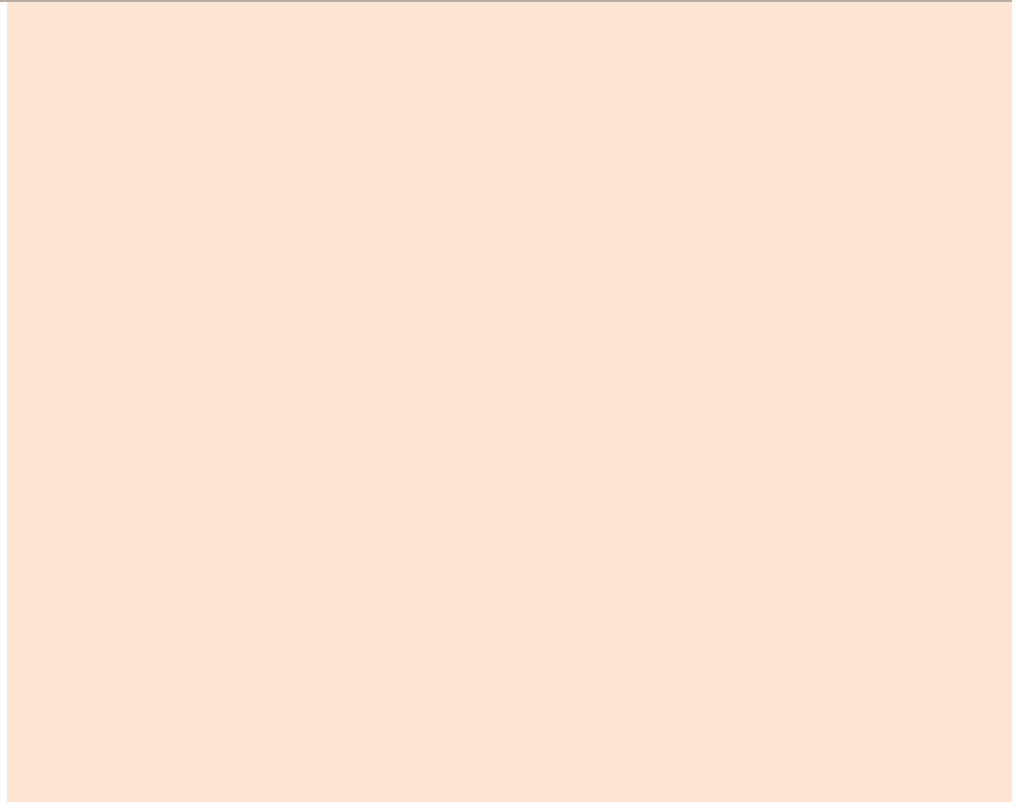
(You may tick more than one box)

- | | | |
|--|--|--|
| <input type="checkbox"/> Broad community | <input type="checkbox"/> Specific group of interest: | <input type="checkbox"/> Ethnic community group(s) |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Senior citizens | <input type="checkbox"/> Young people |

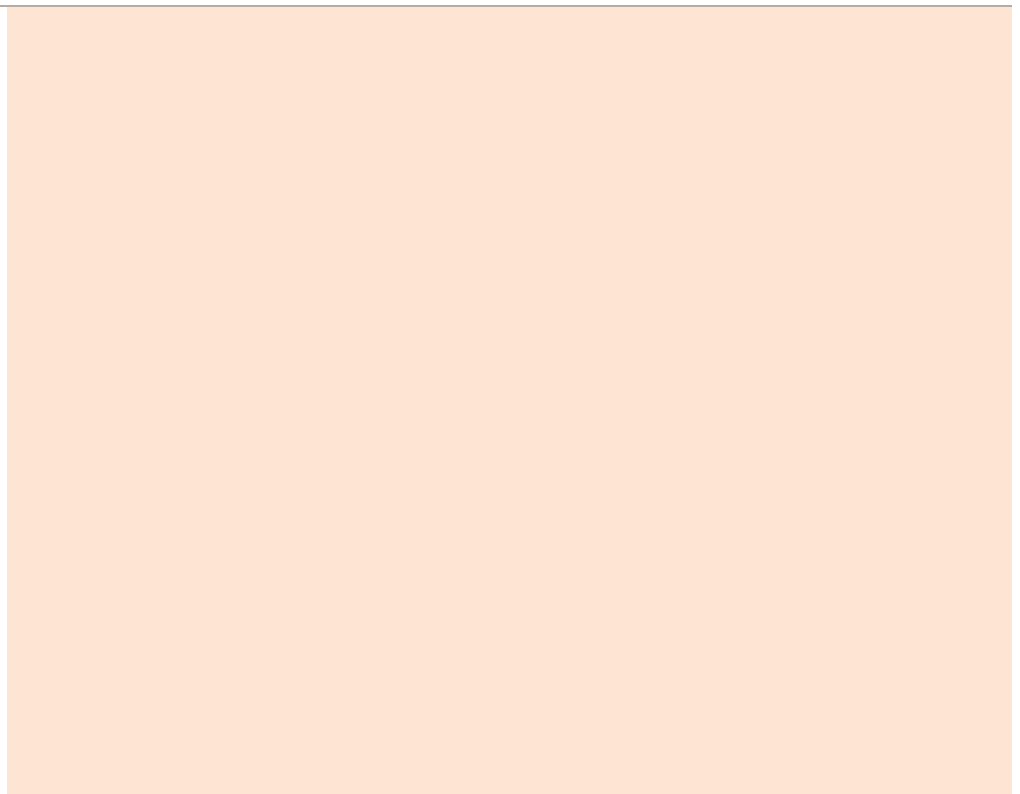
A. Description of your project

Briefly describe your project by answering the following –

The idea/kaupapa –
What is it you want to do?



The benefits –
How will your project benefit our community?



The process –

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

A large, empty rectangular area with a light orange background, intended for the user to describe the project process, including how, where, and when it will be carried out.

The people –

Who is involved?
(include brief information about key individual or organisations)

A large, empty rectangular area with a light orange background, intended for the user to list the people involved in the project, including key individuals and organizations.

B. The budget

Are you registered for GST?

Yes

No

GST number

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Applicants that are not GST-registered need to provide budget figures that include GST

Applicants who are GST-registered need to provide budget figures that exclude GST. Successful applicants who are GST-registered must submit a separate GST invoice. Contact the Community Development officer for more information.

Include copies of written quotes.

Total Project Costs eg, materials, venue hire, promotion, equipment hire, personnel costs	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
a) Total cost	\$
Project Income eg, ticket sales, sale of artwork, etc	Amount
	\$
	\$
	\$
	\$
	\$
Other sources of income eg, other grants, donations, discounts on services, own contribution, existing funds, expected fundraising	
	\$
	\$
	\$
	\$
	\$
b) Total funds available	\$

Please work out below the amount of funding requested.

The total cost of the project (a) minus total funds available for the project (b) will usually equal the amount requested from the Community Initiatives Fund.

a) Total cost of project	\$
b) Less total funds available	\$
c) Difference	\$
d) Amount requested	\$

G. Financial background

Tell us about any other funding you have applied for or received for this project.

Date applied	Source of funding	Type of funding (eg, a loan, grant and what it will be used for)	Amount requested	Is funding confirmed? If yes how much. If you are still waiting for response, when will you know?

Tell us about any other grants you have previously received through the Community Initiatives Fund over the last three years.

Date	Project title	Have you completed an accountability report for this project? Yes/No	Amount of funding received

Groups or organisations must provide a copy of their latest financial statement. This can be a copy of the audited accounts, an income and expenditure statement or a copy of the unaudited management accounts.

Individuals and groups must provide bank account details (or bank deposit slip) for the payment of the grant.

H. Declaration

I declare that the information supplied here is correct. If the application is successful, I/we agree to –

- complete the project within a year of the funding being approved
- complete and return a project accountability form (which will be sent with the grant) within two months after the project is completed
- participate in any funding audit of my organisation or project conducted if required
- inform the Council of any public event or presentation that is funded by the grant
- acknowledge the assistance of the grant verbally at event openings, presentations, performances and such like

I understand that the

KAIKOURA DISTRICT COUNCIL

Is bound by the Local Government Official Information and Meetings Act 1987. I also consent to it recording the personal contact details provided in this application, retaining and using these details, and disclosing them to KDC for the purpose of evaluating the Fund. I understand that my name and brief details about the project may be released to the media or appear in publicity material. I undertake that I have obtained the consent of all people involved to provide these details. We understand that I have the right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

Please name two people for your project and sign below

First contact name

Signature

Second contact name

Signature

Date

H. Final Check

Make sure you have

-
- | | |
|--------------------------|--|
| <input type="checkbox"/> | Completed all sections |
| <input type="checkbox"/> | Checked that the budget balances |
| <input type="checkbox"/> | Provided quotes, bank account details and full financial details (groups and organisations only) |
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