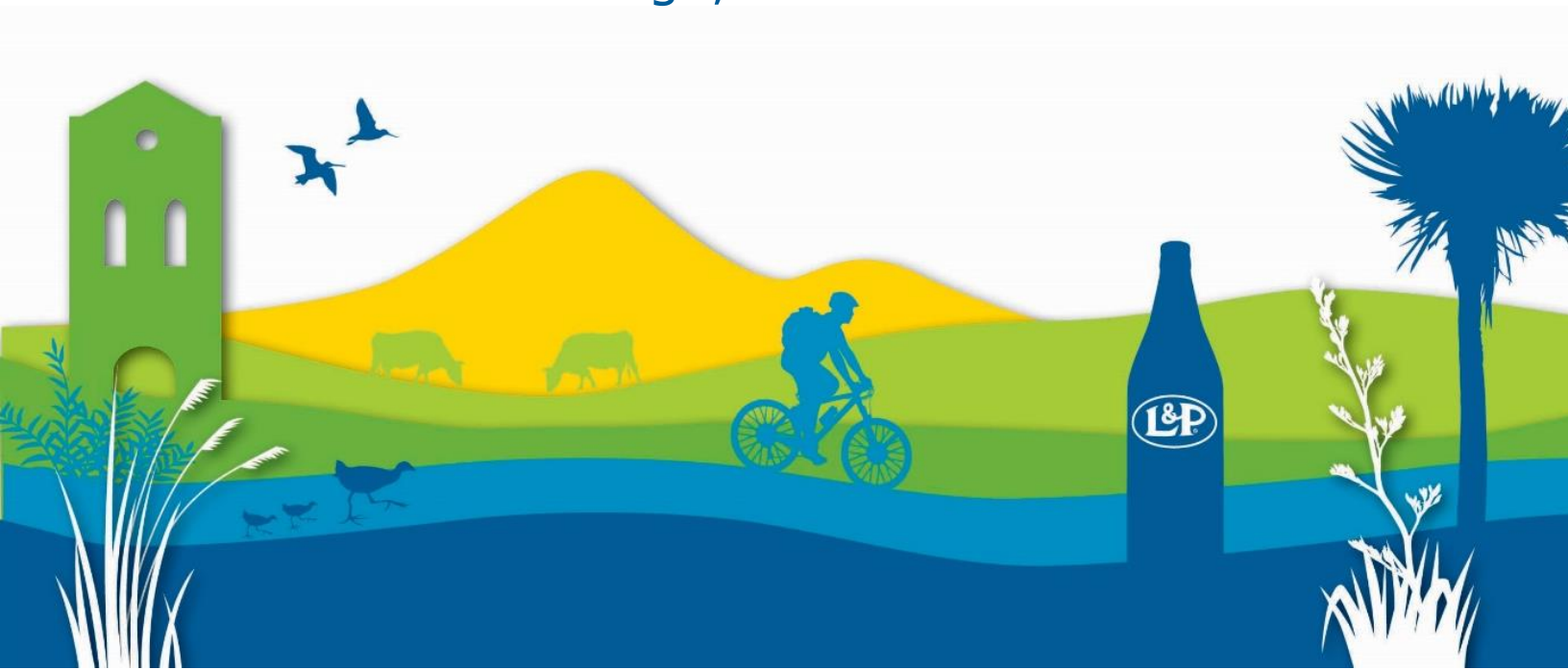




Discretionary Grant Application Form

our home, our future
tō tātou rohe kāinga, tō tatou ao tūroa



GRANT APPLICATION

NOTE: All fields in this application form are mandatory.

Incomplete applications or applications that don't include all required supporting documents as set out in the checklist, will not be considered for funding.

If you would like to meet with one of our staff to check your application for completeness prior to submitting it, we are happy to do so. Please phone 07 862 8609 to book an appointment.

1. Applicant details

Name of applicant/community group: _____

Name of contact person: _____

Email: _____

Postal address for correspondence: _____

Postcode: _____

Phone: _____

2. Organisation details

Briefly describe your organisation and the service it provides:

Describe how the public could access the services the grant funding would provide:

Number of paid employees: _____

Number of volunteers: _____

What is your organisation's primary source of funding? e.g. grants, donations, fees or charges, or government funding _____

Is your organisation a registered Incorporated Society?

Yes Incorporation Number: _____ No

Is your organisation a registered Charity?

Yes Charities Registration Number: _____ No

Is your organisation registered for GST?

Yes GST Registration Number: _____ No

Please attach evidence of:

- *Your organisation's statement of financial position for the previous financial year (if available) and/or a Bank Statement less than three months old;*
- *Budget projection for the next financial year (if available);*
- *A Bank Deposit slip or other evidence of your organisation's bank account details.*

3. Project details

In which area will the project take place? (Tick all that apply)

Paeroa Waihi Plains Whole District

Describe the project your organisation is requesting funding for and how it meets the grant guidelines:

Describe how your project will benefit the community.

Have you applied to any other external funding providers? If so, for how much and were you successful? (Please list)

Describe how your organisation will contribute to this project, either financially or through volunteer time or other.

Amount requested: \$ _____

4. Supporting information

Have you previously been given assistance by Council or other agencies for this or a similar project? Yes No

If yes, please supply details, who, when and what type of assistance.

6. Declaration

I declare that I have the authority to make an application on behalf of my organisation and that the information supplied here is correct. I understand and agree that contact details, rating and all other information included with this application will be presented to Council in a public meeting and will be accessible by the public.

Name: _____

Signature: _____ Date: _____

Before applying we recommend that you read the HDC Discretionary Grant Guidelines.

Email, post or drop the completed the application form and supporting documentation to us:

Email: info@hauraki-dc.govt.nz ATTN: Grants Administrator

Post:
Grants Administrator
Hauraki District Council
PO Box 17
PAEROA

Drop to one of our [service centres](#):

Paeroa: 1 William Street
Waihi: 40 Rosemont Road
Ngatea: 84 Orchard West Road

Office Use Only
NAR: _____ Register Updated Date: / /
Register Number 650. _____ . _____ RM# _____