Ardlussa Community Partnership Fund application form
Form Preview

Applicant details

* indicates a required field

Applicant details

Applicant name (i.e. organisation or group name) *
Organisation Name

Street Address
Address

Any, but at least one field is required.

Postal Address (if different from above)
Address

Phone Number *

Must be a New Zealand phone number.

Email *

Must be an email address.

Purpose/main activity of your organisation?

How many members belong to your club/organisation?

Must be a number.

Contact details for this application

Please give the names of two people who can be contacted if further information is required. The first contact must be the person who filled out this form. Under the Privacy Act (1993) consent from these people must be given before their details are recorded here.

Name 1 *
First Name Last Name

Phone Number *

Must be a New Zealand phone number.

Email *

Must be an email address.

Name 2 *
First Name Last Name

Phone Number *

Must be a New Zealand phone number.

Email *

Must be an email address.

Application details

* indicates a required field

Project details

Please assume that we know nothing about your project. Give as much information as possible.

What are you applying for? (pick one) *
☐ The development of community facilities or amenities
☐ Sport & recreational opportunities
☐ Community programmes, activities or events
☐ Operational costs
☐ Other
No more than 1 choice may be selected.

Please provide a short title for your project: *

What is the location of your project? *

What does your organisation want funding for? (please describe fully) *

What is your project? What specific purpose will the funding be used for?

How does your project benefit the Ardlussa community? *

i.e. improvements/events that will enable the community to be more connected, or improvements to a facility that will enable it to run more efficiently etc

Project start date

Must be a date.

Project end date

Must be a date.

Community Board plan alignment

The Ardlussa Community Board plan document can be found here. The Ardlussa Community Board outcomes can be found on page 10. Please indicate below if you think your project aligns with any of these outcomes.

Do you think your project aligns with any of the Ardlussa Community Board's community board plan outcomes? (please tick all that apply) *

☐ A connected, inclusive and vibrant Ardllussa community
☐ A community that attracts people, businesses and visitors
☐ A community where Council fosters leadership, partnerships and community engagement
☐ N/A

What is the difference you expect to make through your work or project?

Please describe up to **two** outcomes (i.e. changes or differences) you would like your work or project to achieve.

Outcome 1 *

Outcome 2

How will you know you are achieving the above outcome(s)?

What data/information will you collect that shows your progress?

Are there any similar projects or services in your area?
☐ yes
☐ no
No more than 1 choice may be selected.

Community benefits

This section enables us to gather useful data on the different groups of people in our communities that will benefit from our grants.

Approximately how many people in the Ardlussa Community Board area will benefit directly from your project? *

Must be a number.

Additional comments on numbers benefiting:

What age group will predominantly benefit? *
☐ All ☐ Early years (pre-natal - 4yrs) ☐ Children (5-13yrs) ☐ Youth (14-24yrs) ☐ Adults (25-64yrs) ☐ Older persons (65+yrs)
At least 1 choice must be selected.

Does your project mainly focus on any of the following: *
☐ Parents/families ☐ People with a disability ☐ Rural communities ☐ At risk families ☐ People who are not currently participating and those experiencing barriers to participation ☐ Volunteers ☐ At risk youth ☐ New migrants ☐ Refugees ☐ High needs populations
At least 1 choice must be selected.

The following are the main ethnic groups in our region - please indicate who will predominantly benefit? *
☐ All ☐ NZ European ☐ Maori ☐ Pacific peoples ☐ Asian ☐ Middle Eastern/Latin American/African ☐ Other
At least 1 choice must be selected.

Building & facility information

Does your application relate to a building or facility?
☐ Yes
☐ No
No more than 1 choice may be selected.

Building or facility information

If yes, who owns the building?

Council owned buildings are not eligible for funding

Does the facility have a long-term maintenance plain?
☐ Yes
☐ No
No more than 1 choice may be selected.

How often is the building used and by what organisations?

Has your project received all the necessary statutory approvals such as resource consent or building consent?
☐ Yes
☐ No
☐ not applicable
No more than 1 choice may be selected.

Is your facility accessible to the elderly and disabled?
☐ Yes
☐ No
No more than 1 choice may be selected.

Project Budget & Financial Details

* indicates a required field

Financial details

Bank Account *
Account Name

Account Number

Must be a valid New Zealand bank account format.

Please upload verification of your organisation's bank account details (please upload a PDF if you can) *
Attach a file:

i.e. a bank coded deposit slip or bank verified account details

Are you registered for GST? *
☐ Yes
☐ No
No more than 1 choice may be selected.

If yes, GST number:

Must be a number.

Please upload your organisation's latest financial statements (please upload a PDF if you can) *
Attach a file:

Please upload a current bank statement from your organisation (please upload a PDF if you can) *
Attach a file:

Total Project Cost *

Must be a dollar amount.
What is the total budgeted cost (dollars) of your project?

Amount you are requesting from the Ardlussa Community Partnership Fund? *

Must be a dollar amount.
What is the total financial support you are requesting in this application?

Please indicate your current level of reserves: *

Must be a dollar amount.
At the time of this application

Please comment on your level of reserves and if they cannot be used towards this project, explain why: *

Briefly describe any voluntary effort or donated materials provided for this project:

How do you envisage paying for any future operational costs for this project?

Project Budget

List all the income you plan to get towards your project e.g. grants/donations, your own funds, fundraising. **Also include the grant amount you are requesting for this application (income and expenditure totals must match).**

If you are GST registered please provide figures that EXCLUDE GST. If you are NOT GST registered please provide figures that INCLUDE GST.

Income	$	Expenditure	$

Project Budget Totals

The income and expenditure totals should balance/match.

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Quotes

You should obtain two quotes where practical. If this is not possible, please just explain why below.

Have you sought at least two quotes?

☐ yes
☐ no

No more than 1 choice may be selected.

Please upload quote(s) - (upload in PDF format if you can)

Attach a file:

Quotes

If you have not provided more than one quote, please explain why:

Additional information

If you would like to make any additional comments about your project budget please detail below:

Supporting documentation

Supporting documentation

Attach any other relevant information, e.g. covering letter, letters of support, or other documents.

Please upload files in PDF format if you can and scan multiple documents into one rather than uploading separately if possible.

Attach documents here
Attach a file:

If you have any other comments about your application please detail here:

Feedback

Feedback

How did you find out about the Ardlussa Community Partnership Fund?
☐ Have applied previously ☐ Southland District Council website ☐ Council or Community Board Facebook page ☐ Radio ☐ Newspaper ☐ Online ☐ Referred by another funder ☐ Word of mouth ☐ Council staff ☐ Other
No more than 1 choice may be selected.

Please rate the following statements

The time required to prepare and complete the application was reasonable
☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ N/A
No more than 1 choice may be selected.

The application process is very straightforward
☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ N/A
No more than 1 choice may be selected.

Please provide us with any suggestions about any improvements we could make to the application process

Declaration

* indicates a required field

Declaration

I consent to the Southland District Council collecting personal details provided on this form. The consent is given in accordance with the Privacy Act 2020.

This declaration and authorisation relates to information in this application and attachments that the Southland District Council may hold about your organisation/group now or in the future.

In making this declaration I declare that:

- this application has been submitted with the full knowledge and agreement of the management/governance of my organisation/group;
- the information supplied in this application and any attachments is true and factual;
- any grant received will be used for the purpose for which it was approved.

I authorise Southland District Council to:

- use the information supplied as part of this application and any attachments for the purposes of administration and consideration of this application;
- make any enquiries of third parties, (which may involve discussing information contained in this application);
- advertise or publish the name of our organisation/group and the amount of any grant approved if this application is successful, including disclosure of this information to other funding agencies.

I acknowledge that:

- any decision made is final
- Southland District Council has the right to withdraw any grant approved or demand the return of funds already paid if it is discovered that any statement made in this application is incorrect, incomplete or misleading, in a way that may have affected the funding decision.

I am authorised to complete this application and I have read and understood this declaration and privacy statement:

Name *

Position in organisation *

Date *

Must be a date.

Submitting your form

There is a review and submit button at the bottom of the navigation box to the right of the screen.

You need to review your form before you submit it - you won't be able to submit your form until all required questions (marked with an *) are completed.

Once reviewed you can submit your form by clicking on 'submit" at the top of the screen or on the navigation box.

Once submitted, you will receive an email from SmartyGrants acknowledging receipt of the form. If you do not receive this email please check you have clicked the submit button at the top of the form. No further editing of your form or uploading of support material is possible once submitted.

If you have any queries or experience any problems please phone 0800 732 732 or email funding@southlanddc.govt.nz.