

# Community Group Funding Application Form (Part A) 2012/13



## Which funding scheme are you applying to?

(Refer to the 'Community Group Funding' pages on the Auckland Council website at [www.aucklandcouncil.govt.nz/funding](http://www.aucklandcouncil.govt.nz/funding) for a full list of funding schemes and closing dates)

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## Important note to applicants

This form is **Part A** and needs to be submitted by applicants to all Auckland Council community funding schemes (excluding the Local Board Discretionary Grant scheme run by your local board). Please complete all sections of this form.

You must also complete **Part B**, which explains the guidelines for the specific community funding scheme you are applying to, and requests any additional information applicable to that scheme. Part B must be downloaded separately from the website.

If you want to apply for a Local Board Discretionary Grant, please do not use this form – you must complete the Local Board Discretionary Grant Application Form instead (visit the 'Local Board Discretionary Funding' section of the website at [www.aucklandcouncil.govt.nz/funding](http://www.aucklandcouncil.govt.nz/funding) for more information and to download a form).

For advice or assistance with completing this form, please contact the Auckland Council call centre on (09) 301 0101 and ask to speak to your local community funding advisor.

## Your organisation

### The questions in this section relate to your group or organisation

Name of organisation: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Physical address (if different): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

### 1. Your contact details

Please provide contact details for two people in your organisation who can comment on this application and provide further information if required. The first of these **MUST** be the person who filled in this application form. Please note that in accordance with the Privacy Act 1993, you must have the consent of the other person before providing their details.

**1a. Your name:** \_\_\_\_\_

Position in organisation: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

**1b. Alternate contact name:** \_\_\_\_\_

Position in organisation: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

## 2. Your structure

### 2a. Type of organisation:

- Incorporated society  Charitable Trust  Limited company  
 Voluntary group  Other (please specify): \_\_\_\_\_

### 2b. Legal status: Is your organisation legally constituted?

- Yes  No Certificate of incorporation number: \_\_\_\_\_

### 2c. Charitable status: Is your organisation registered with the Charities Commission?

- Yes  No Registration number: \_\_\_\_\_

### 2d. Tax status: Has your organisation been granted 'donee' status by IRD?

- Yes  No

### 2e. Umbrella group

If your organisation is not legally constituted, you may still be able to apply to some Auckland Council funding schemes by using an umbrella group. This is a legally constituted organisation that supports your work and agrees to administer and be liable for funds received on your behalf. Refer to the relevant "Community Group Funding Application Form – Part B" document to determine the applicable rules for that scheme. If this is supported and you would like to use an umbrella group, please complete this section. You will need to obtain written confirmation from your umbrella group that they will administer the grant on your behalf and enclose this with your application. You will also need to enclose the umbrella group's bank deposit slip or other evidence of their bank account (see the Grant Recipient Bank Details Form at the end of this application).

Organisation: \_\_\_\_\_

Certificate of incorporation number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

## 3. Your purpose

### 3a. What is your organisation's main constituency, activity or service? (Please tick one only)

- Arts, culture and heritage  Business association  Children and young people  
 Community support  Education / training  Environment / sustainability  
 Ethnic or cultural association  Health / mental health / disability  Migrants and refugees  
 Religious ministry  Residents association  Sport and recreation  
 Other: \_\_\_\_\_

### 3b. Does your organisation target or represent a specific ethnic group(s)?

- No – all groups  Maori  Pacific Island  European  Asian  South Asian  
 African  Middle Eastern  Other: \_\_\_\_\_

### 3c. What are the aims of your group or organisation?

What is the 'mission' of your organisation? For what purpose was it established?

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

**3d. What service or activities does your group or organisation provide?**

Your answer does not have to be limited to the activities you are seeking funding for.

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**4. Your people**

4a. How many paid staff does your organisation have? \_\_\_\_\_

4b. How many volunteers does your organisation have? \_\_\_\_\_

4c. How many members does your organisation have? \_\_\_\_\_

4d. Is membership open to anyone who wishes to join?  Yes  No

If answer to 4d is no, what restrictions are in place: \_\_\_\_\_

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4e. Do members pay an annual fee?  Yes  No If so how much? \$ \_\_\_\_\_

4f. Is your organisation or club affiliated to a regional, national or iwi body?  Yes  No

Name of body: \_\_\_\_\_

If you answered 'Yes', please provide proof of this – e.g. a letter of support or formal affiliation document on official stationery.

**5. Your funding**

5a. Has your organisation received grants or operational funding from Auckland Council (or its predecessors) within the past THREE years?  Yes  No

If yes please state:

- how much money you received (per year)
- which legacy council, local board or funding scheme awarded you the grant or contract
- for what purpose

Year	Amount	From	Purpose

If you have received a large number of previous grants, please list the most recent eight.

5b. Has the organisation received funds from any other local or central government agency or funding organisation, for any purpose, in the last THREE years?  Yes  No

If 'yes', please provide the following details:

Funding Organisation	Purpose	Year	Amount \$
Lottery or COGS grant			
Gaming society (e.g. Pub Charities)			
Central government agency			
Local authority outside the Auckland region			
Philanthropic organisation (e.g. the Tindall Foundation)			
Own parent body/organisation			
Other			

## 6. Your partners

6a. Does your organisation work in collaboration with other groups in the community, formally or informally?

Yes  No

If 'yes', please provide the following details:

Other organisation	Very briefly explain your association with them, or give an example of your collaboration	Year

# Your project or activity

The questions in this section relate to the project or activity you are seeking funding for

## 7. Location

7a. In which local board area(s) is your project taking place?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Albert-Eden      | <input type="checkbox"/> Devonport-Takapuna  | <input type="checkbox"/> Franklin          |
| <input type="checkbox"/> Great Barrier    | <input type="checkbox"/> Henderson-Massey    | <input type="checkbox"/> Hibiscus and Bays |
| <input type="checkbox"/> Howick           | <input type="checkbox"/> Kaipatiki           | <input type="checkbox"/> Mangere-Otahuhu   |
| <input type="checkbox"/> Manurewa         | <input type="checkbox"/> Maungakiekie-Tamaki | <input type="checkbox"/> Orakei            |
| <input type="checkbox"/> Otara-Papatoetoe | <input type="checkbox"/> Papakura            | <input type="checkbox"/> Puketapapa        |
| <input type="checkbox"/> Rodney           | <input type="checkbox"/> Upper Harbour       | <input type="checkbox"/> Waiheke           |
| <input type="checkbox"/> Waitakere Ranges | <input type="checkbox"/> Waitemata           | <input type="checkbox"/> Whau              |

7b. Which local board area(s) do you think your participants/clients will come from, or whose communities will directly benefit?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Albert-Eden      | <input type="checkbox"/> Devonport-Takapuna  | <input type="checkbox"/> Franklin          |
| <input type="checkbox"/> Great Barrier    | <input type="checkbox"/> Henderson-Massey    | <input type="checkbox"/> Hibiscus and Bays |
| <input type="checkbox"/> Howick           | <input type="checkbox"/> Kaipatiki           | <input type="checkbox"/> Mangere-Otahuhu   |
| <input type="checkbox"/> Manurewa         | <input type="checkbox"/> Maungakiekie-Tamaki | <input type="checkbox"/> Orakei            |
| <input type="checkbox"/> Otara-Papatoetoe | <input type="checkbox"/> Papakura            | <input type="checkbox"/> Puketapapa        |
| <input type="checkbox"/> Rodney           | <input type="checkbox"/> Upper Harbour       | <input type="checkbox"/> Waiheke           |
| <input type="checkbox"/> Waitakere Ranges | <input type="checkbox"/> Waitemata           | <input type="checkbox"/> Whau              |

## 8. Project overview

8a. What is the overall budget for the project/activity? \$ \_\_\_\_\_

8b. How much are you requesting from Auckland Council towards the project/activity? \$ \_\_\_\_\_

8c. What is the name of your project or activity? \_\_\_\_\_

8d. Describe the project or activity you are seeking funds for:

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8e. If you are successful in your application, what would the Auckland Council grant be spent on?

Please briefly summarise how you would support the above activities with an Auckland Council grant. A detailed account of planned expenditure is requested in the 'Project budget' section on page 8.

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## 9. Beneficiaries

9a. How many people do you expect to directly benefit from this project/activity?

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9b. Who will benefit from it?

Please estimate the numbers of participants, service users or community beneficiaries of your project/activity, and describe them as best you can – e.g. if you target/cater to particular age groups, ethnic groups, geographical neighbourhoods, or communities with specific needs.

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9c. How will they benefit?

(Please be specific – explain the direct benefits for participants and/or their families)

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## 10. Outcomes

10a. What are the expected outcomes of this project/activity?

(Explain how your local community will benefit from the funded project or activity in the short, medium and/or longer term. We will expect a thorough answer to this question if you are seeking a grant of more than \$5,000.)

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**10b. How will these outcomes be measured?**

Note: This question is optional if you are requesting less than \$2,000 from Auckland Council.

(Explain how you will be able to demonstrate that the local community has benefited from the project/activity. For example, undertaking a satisfaction survey of participants, increasing room bookings at your centre by 20%, or setting a target for the number of clients entering training or employment after your intervention. If you receive a large grant, the measures you describe here may form part of your agreement with Auckland Council.)

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**10c. Refer to the Local Board Plan(s) for the local board area(s) in which your project will take place. Which local board priorities does this project align with?**

Local board plans can be viewed online at [www.aucklandcouncil.govt.nz/localboardplans](http://www.aucklandcouncil.govt.nz/localboardplans), ordered from the call centre on 09 301 0101 or picked up from your local library or service centre.

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**10d. If you receive a grant, how will Auckland Council’s support for this project be acknowledged?**

(If you receive a grant the methods described here may form part of your agreement with Auckland Council).

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**11. Other details**

11a. Number of paid staff working on this project: \_\_\_\_\_

11b. Number of volunteers assisting with this project: \_\_\_\_\_

11c. When will the project/activity start? \_\_\_\_\_ And finish? \_\_\_\_\_

Auckland Council does not provide retrospective funding. Projects/activities must not have started before this application can be considered at a business meeting of the relevant Committee. Please check the Funding Calendar on the website for the decision meeting dates, and if you are unsure contact your local community funding advisor.

**11d. Where will the project/activity be held, or the service delivered from?**

This is the location where the actual project/activity/service will take place.

Please provide the venue name and/or street address: \_\_\_\_\_

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11e. Is the premises where the activity is taking place Auckland Council-owned?  Yes  No

11f. If you answered 'Yes' to 11e, is the grant to pay hireage fees/accommodation costs for this premises?  Yes  No

11g. Is your project for repairs or improvements to the premises?  Yes  No

11h. If you answered 'Yes' to 11g, do you have written approval from the property owner?  Yes  No

If 'yes', please attach a copy of this approval.

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# Your project budget

Important notes for preparing your budget

1. This budget should relate to the specific PROJECT that this application refers to – not your organisation’s annual operating budget.
2. Please include the TOTAL costs for the project– i.e. not only the costs you want Auckland Council to pay for. If you plan to pay some project costs from your own income or other sources, you should identify these in columns 3 and 4 below.
3. Not all costs can be covered by all Auckland Council funding schemes, e.g travel costs, food and alcohol. Please confirm that your expenses are eligible by reading the relevant guidelines first (Community Funding Application Form – Part B)
4. Please ensure you include GST in all of your figures, whether or not your organisation is GST registered.
5. Itemise any multiple costs clearly in columns 1 and 3 – e.g. '10 x chairs @ \$45 per chair', or 'Workshop presenter – 10hrs @ \$22p/h', giving the total figures in columns 2 and 4 – e.g. '\$450', or '\$220'.
6. The cost of all goods and services over \$250 (column 2) must be supported by two written quotes. Please ensure you enclose quotes for each item over \$250, or your application cannot be considered.
7. It is a condition of receiving funding from Auckland Council that you provide receipts for all expenditure. Please ensure you retain receipts for all purchases.
8. If you are unsure about what to include in your budget, please contact your local community funding advisor for advice. We recommend you do this well in advance of the fund closing date.
9. Please take the time to double-check your figures with a calculator and ensure they add up. Incorrect budgets may lead to your application being declined.

## 12. Project Budget

1 Project costs (please be specific)	2 Amount (\$)	3 Your contribution (including existing funds, other grants, donations, sponsorships, expected income, etc.)	4 Amount (\$)
<b>Total (A)</b>		<b>Total (B)</b>	

Total cost of the project **(A)**:                   \$ \_\_\_\_\_                   Total value of your contribution **(B)**:                   \$ \_\_\_\_\_  
 Total A minus Total B = Total **(C)**:                   \$ \_\_\_\_\_                   Amount applied for from Council **(D)**:                   \$ \_\_\_\_\_



12a. If total (D) is different from total (C) please explain how you will cover the difference:

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### 12b. Part-funding

Where funding schemes are heavily oversubscribed, Auckland Council may consider providing part-funding to some projects. This will only be offered where the applicant is confident that the project can realistically proceed as described in this application, and achieve the same outcomes, for the reduced amount (e.g. other funds will be available to make up the difference). If you would consider part-funding, please indicate the minimum required for the project's success.

Minimum amount needed from Auckland Council to ensure success of the project: \$ \_\_\_\_\_

12c. List any other organisations you have applied to for funding assistance for this project (including other Auckland Council/local board funding schemes):

Organisation / funding scheme	Amount requested	Expected decision date

## Your signature and declaration

We declare that, to the best of our knowledge and belief, the information supplied here on behalf of our organisation is correct.

We declare that this application is made with the full knowledge of the organisation we represent.

We declare that this project is for the benefit of the community and no individual within our group will obtain private or commercial gain as a result of any grant given.

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Privacy

The information supplied in this application form will be held and used by the staff of Auckland Council, Private Bag 92300, Auckland 1142. The information will not be disclosed by Auckland Council unless legally required under the Local Government Information and Meetings Act 1987 or for one of the purposes in connection with its collection. The information supplied will be used for:

- Assessing and processing this application and for administration purposes
- Updating existing Auckland Council Funding records
- Providing information on your group and project for inclusion on the committee meeting agenda
- Enabling us to tell you about related services provided by Auckland Council
- Providing Auckland Council with statistical information to assist policy development.

You have the right to request access to, and correction of, information collected and held by Auckland Council. Any requests for access should be addressed in the first instance to your local community funding advisor.

## Final checklist

- I have completed and attached the Community Group Funding Application – Part B for the relevant fund I am applying to
- I have attached written confirmation from our umbrella organisation that they will receive and manage any grant on our behalf (if applicable)
- I have checked that our budget figures add up correctly
- I have attached copies of two written quotes for each item over \$250 to be purchased with the grant
- I have completed the Grant Recipient Bank Details Section (see overleaf)
- I have attached evidence of our or our umbrella group's bank account name and number (see overleaf)
- I have attached a copy of our most recent audited accounts and financial statement (if applicable please refer to the Community Group Funding Application Form - Part B to check if we require this.)
- I have attached letters of support from our regional or national body (if applicable)
- I have attached letters of support from other groups taking part in this project (if applicable)
- I have attached proof of the property owners' consent for building works (if applicable)
- I have answered all of the questions on this form

## Please keep a copy of this application for your records.

Send your completed and signed application to:

**Community Funding,  
Auckland Council  
Private Bag 92300,  
Auckland 1142**

We must receive your application by no later than 4pm on the advertised closing date for the funding scheme. Refer to the 'Community Group Funding' pages on the Auckland Council website at [www.aucklandcouncil.govt.nz/funding](http://www.aucklandcouncil.govt.nz/funding) for a full list of funding schemes and closing dates.

## Please tell us how you heard about Auckland Council's community funding programme:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Council's website         | <input type="checkbox"/> Council library      | <input type="checkbox"/> Other Council facility |
| <input type="checkbox"/> Citizens Advice Bureau    | <input type="checkbox"/> Community House      | <input type="checkbox"/> A colleague or contact |
| <input type="checkbox"/> Community Advisor         | <input type="checkbox"/> Local Board Services | <input type="checkbox"/> Council staff member   |
| <input type="checkbox"/> Applied in previous years | <input type="checkbox"/> Other: _____         |   |

# Grant recipient bank details

## Applicants please note:

Any grant awarded by Auckland Council cannot be paid until this form is completed and returned with proof of the recipient's bank account name and number (either a pre-printed deposit slip, a bank statement signed and initialled by your bank teller, or an original letter from the bank showing the bank account name/number).

## Details

Organisation name: \_\_\_\_\_

### Contact details

House no. / street: \_\_\_\_\_ Suburb / district: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Bank account details

Please tick which of the following is attached:

Pre printed bank deposit slip

Certified bank statement

Original letter from bank showing  
account name and number

### GST information

Are you GST registered?

Yes

No

GST number: \_\_\_\_\_

## Office Use Only:

Funding scheme or local board: \_\_\_\_\_

Is this a pre-existing grant recipient?  Yes  No

## CDAC Purchasing Staff Only:

Date received: \_\_\_\_\_ Action by: \_\_\_\_\_