Form Preview

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Charity Registration

New Zealand Charities Register Information

The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

Number		
Organisation Name		
Other Names		
Status		
Street Address		
Postal Address		
Telephone		
Fax		
Email		
Website		
Date Registered		
Must be formatted correct	tly.	
Contact People		
First Contact Person		
First Name	Last Name	
First Contact Person	Position *	
First Contact Person	Mobile Phone Numl	oer *
Must be a valid New Zeal	and phone number	
First Contact Email *	k	
Must be an email address	5.	
	88 4	
Second Contact Pers First Name	Son Name * Last Name	
Second Contact Pers	son Position *	

Second Contact Person Mobile Phone Number *

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Must be no more than 120 words.

Second Contact Person Email	*
Second Contact I ci son Eman	
Must be an email address.	
Other organisation inform	ation
Tell us the purpose of your or	ganisation
Word count:	
Must be no more than 50 words. This would be detailed in your Consti	tution
,	
Project or Event	
* indicates a required field	
Project or Event details	
Project/Event name *	
Start Date *	
Must be a date.	
End Date *	
Must be a date.	
Short description of project/e	vent, and p
Word count:	
Must be no more than 120 words. What are you out to do?	
Why is the project/event need	ded? *
is the project of the field	
Word count:	

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Describe who will	benefit from th	e project, and what th	ne benefits will be *
Word count: Must be no more than Describe the estimate (150 words recommer	d number, gender,	age and location/region of t	those participating in the project
What are the prin	nary areas of fo	cus for this project/pr	ogram? *
want to be more speci	rom any area of the fic. In this question	e list – all have equal value.	Only select sub-categories if you e field of work (e.g. arts, sport, ple, refugees)
List any partners	working with yo	ou for the project/ever	nt, and what their role is? *
Word count: Must be no more than	100 words.		
Budget			
k indicates a require	ed field		
GST Reg DO NO	OT include GS	_	her funding). If you are gures. If you are NOT
Income	\$	Expenditure	\$
	<u> </u>		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$ \$
	\$ \$		<u> </u>
	\$		\$
	\$		\$
Budget Totals	T'	'	· ·
Total Income Amount *	Total Exp	enditure Amount *	
\$		enditure Amount	Income - Expenditure *
P	\$	enditure Amount	\$
∍ This number/amount i	\$	ımber/amount is	

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What items are you seeking funding for from Napier City Council *
They must appear on the budget list
Total amount requested (GST Excl) *
Must be a dollar amount. What is the total financial support you are requesting in this application?
GST registration and additional information
* indicates a required field
Is your organisation GST registered? * O Yes O No
GST number
Your GST registration number
Additional information uploads
Latest financial statement * Attach a file:
Quotes * Attach a file:
Any other information to support your application (i.e. evidence of the project such as flyers, advertising, feedback form previous events) Attach a file:

Declaration and Terms and Conditions

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* indicates a required field

Declaration statement

By submitting this application:

I/We declare that the information provided in this application is true and correct to the best of my knowledge, and I have the authority to commit our organisation to this application.

If the application is successful, I/we agree to:

- 1.Complete and return an accountability report **no longer than one month after the completion of the project.**
- 2.Fully cooperate in any funding audit or inspection of your organisation if directed by Napier City Council, or an appointed contractor.
- 3. Provide your Child Protection Policy if requested.
- 4.Use any funding received for the approved purpose.
- 5. Your name and brief details about the approved funding being released to the media or appearing in public material as required.
- 6.Acknowledge the assistance of Napier City Council and use the Napier City Council logo in all publicity/communications.
- 7.Consent to, Napier City Council recording the personal contact details provided in this application, retaining and using these details, as required under the Local Government Official Information and Meetings Act 1987.

I understand that our organisation has the right to have access to the information in this application.

This consent is given in accordance with the Privacy Act 2020.

 Yes I agree to the above Terms and Conditions 				
Signature of Applic	ant Contact *			
First Name	Last Name			
Position of Applicant Contact *				

Napier City Council Terms and Conditions *