

Community Services Grant - Rates Subsidy Form Preview

Organisation Details

* indicates a required field

Organisation Name

Organisation Name *

Organisation Name

Applicant Name *

Applicant Position *

Applicant Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be New Zealand

Applicant Primary Phone Number *

Must be a New Zealand phone number

Applicant Primary Email *

Must be an email address.

Applicant Primary Website

Must be a URL.

First Year of Operation *

Applicant Primary Bank Account *

Account Name

Account Number

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Must be a valid New Zealand bank account format.
(2 digits - 4 digits - 7 digits - 2 or 3 digits)

Bank account verification *

Attach a file:

(i.e. evidence of one of the following - bank deposit slip or snap shot of bank statement showing bank name and bank logo, organisation name and bank account number)

Applicant NZ Charity Registration Number (CC in capital letters followed by number) *

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.

New Zealand Charities Register Information
Charity Registration Number
Organisation Name
Other Names
Status
Street Address
Postal Address
Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

Property Details and Compulsory Information

* indicates a required field

Property and Valuation Details (please enter the relevant details as per your Rates Demand)

Property Address

Property 1

Valuation Details

Valuation Number

Property 2

Valuation Number

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Property 3

Valuation Number

Property 4

Valuation Number

Property 5

Valuation Number

Property 6

Valuation Number

Property 7

Valuation Number

Property 8

Valuation Number

Property 9

Valuation Number

Property 10

Valuation Number

Purpose of your Organisation

Tell us the Purpose of your Organisation

Word count:

Must be no more than 200 words.

Does your Organisation have a Liquor Licence?

- Yes
 No

Compulsory Information

Latest financial statement *

Attach a file:

GST registration

Is your organisation GST registered? *

- Yes
 No

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GST Number

Your GST registration number

Declaration and Terms and Conditions

* indicates a required field

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. Fully cooperate in any funding audit or inspection of our organisation if directed by Napier City Council, or an appointed contractor.
2. Provide our Child Protection Policy if requested.
3. Use any funding received for the approved purpose.
4. Our name and brief details about the approved funding being released to the media or appearing in public material as required.
5. Acknowledge the assistance of Napier City Council and use the Napier City Council logo in all publicity/communications.
6. 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.

Napier City Council Terms and Conditions *

Yes I agree to the above Terms and Conditions

Signature of Applicant Contact

Signature of Applicant Contact *

First Name

Last Name

Position of Primary Applicant Contact *