

Community Services Grant (Operational Costs)

Form Preview

Organisation Details

* indicates a required field

Organisation Name *

Organisation Name

Applicant Details *

First Name

Last Name

Primary Address *

Address

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

Applicant Primary Phone Number *

Applicant Primary Email *

Must be an email address.

Primary Website

Must be a URL.

Organisation Bank Account *

Account Name

Account Number

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, bank logo, organisation name and bank account number)

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First Year of Operation *

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.

Service Overview

* indicates a required field

1. The Purpose of your Organisation *

Which of the current or future needs of our community are you addressing? *

- Contributes to achieving community interest
- Alleviates disadvantage, and/or
- Provides a specific community service (including social services)

You may choose more than one option

2. Tell us about the service/s you provide. *

Provide a short description (max 100 words) - what it is that you do.

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3. Why is this service needed and how do you know? *

Describe the specific issue/s or need you want to address (max 200 words) e.g. increase in demand, need for community awareness.

4. Who will benefit from the service/s? *

Briefly list (bullet points) the estimated number, gender, and age of those who will receive your service/s (max 150 words).

5. What are the expected outcomes of the service/s you provide and how will you know if these have been achieved? *

List three things you want your service/s to achieve and what changes you expect to see for each (max 200 words).

6. How does your service/s support the Council's focus on Community Wellbeing? *

If possible provide Surveys, Statistics and Client Feedback

Surveys, Statistics or Feedback Information

Attach a file:

Client and Additional Information

* indicates a required field

Client/Members Information

7. What is your total number of clients/members? *

Must be a number.

8. Of your total clients/members, how many live in Napier? *

Must be a number.

Percentage of clients/members that live in Napier. *

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This number/amount is calculated.

9. How often is your service delivered in Napier? *

- Full Time
- Weekly
- Monthly
- Adhoc

Choose one option only.

Additional Information

What are the primary areas of focus for this project/program? *

No more than 5 choices may be selected.

You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. safety, health, family violence, children and families, family violence, disabilities, social wellbeing, search and rescue), rather than the types of people it will affect (e.g. young people, refugees)

Who are the expected primary beneficiaries of this project/program? *

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

GST registration

* indicates a required field

Is your organisation GST registered? *

- Yes
- No

GST number

Your GST registration number

Financial Information

* indicates a required field

Expenditure and Items Requested for Funding. If you ARE GST Reg DO NOT include GST in your budget figures. If you are NOT GST Reg include GST in your budget figures.

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Expenditure (eligible costs)	Costs per Annum	Funding Request Breakdown	Amount of Funding Requested.
Office rent	\$		\$
Office materials	\$		\$
Stationery and printing	\$		\$
Resources for programs	\$		\$
Public Liability Insurance	\$		\$
Telecommunications	\$		\$
Power	\$		\$
Marketing costs	\$		\$
Volunteer expenses	\$		\$
Volunteer training	\$		\$
Accounting fees	\$		\$
Audit fees	\$		\$
Newsletter costs	\$		\$
National membership fee	\$		\$
	\$		\$
	\$		\$

Budget Totals

Total Expenditure Amount

\$

This number/amount is calculated.

Total Amount Requested

\$

This number/amount is calculated.

Additional Information

Is your organisation or staff required to meet external accreditation/audit requirements in order to provide specific programs or services? e.g. from MOE, MSD

Local Branch - Financial Statement *

Attach a file:

National Branch - Latest Financial Statement

Attach a file:

Organisational Structure *

Attach a file:

Other documents to support your application

Attach a file:

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Declaration and Terms and Conditions

* 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 **by 31 March of the same financial year that the funding was allocated.**
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.

Napier City Council Terms and Conditions *

Yes I agree to the above Terms and Conditions

Signature of Applicant Contact *

First Name

Last Name

Position of Applicant Contact *