

OFFICE USE ONLY DATE RECEIVED: ORGANISATION NO: APPLICATION NO:

APPLICATION – KOWHAI GRANT

PART ONE: ORGANISATION DETAILS

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| 1. **Full Name of Organisation** | |
| *The organisation’s name should generally be the same as the bank account name* | |
| **2. Category which best describes your organisation’s main area of focus** | |
| *please tick the appropriate box*   * Community Wellbeing ☐Education ☐Environment, Heritage & Arts ☐Sport & Recreation   Other ☐ | |
| **3. Type of organisation** | |
| *please tick the appropriate box*   * Club ☐Society ☐Trust ☐Informal Group ☐ Association ☐ Other | |
| **4. Organisation’s physical address details** | |
| ***Please complete in full*** |  |
| Number of Street & Street Name |  |
| Suburb |  |
| City/Town |  |
| Postcode |  |
| Daytime telephone number |  |
| Email address |  |
| Website address |  |
|  | |
| 5. Organisation’s postal address details | |
| *If different from physical address* |  |
| P O Box Number |  |
| Suburb |  |
| City/Town |  |
| Postcode |  |
|  |  |
| 6. Main contact person for this grant application | |
| ***This is the person we will call if we have further questions concerning this application*** | |
| Name |  |
| Position in organisation |  |
| Daytime telephone number |  |
| Mobile number |  |
| Email address |  |

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| 7. **Please name your organisation’s main office holders as appropriate** | |
| Chairperson |  |
| Secretary |  |
| Treasurer |  |
| Project Leader |  |
| Other |  |
| Other |  |
| 8. Legal status – please complete the appropriate section below | |
| 1. If your organisation is an Incorporated Society what is the Certificate of Incorporation number? 2. If your organisation is Incorporated as a Charitable Trust and is registered with the Charities Commission**,** what is the Charities Commission number?   CC   1. If your organisation is affiliated to a regional or national organisation what is the name of the regional or national organisation?   ***Please note: proof of current affiliation needs to be included with this application. For example, an amateur sports group needs to be affiliated to a Sport NZ regional or national organisation****.*   1. If your organisation has another type of ‘not for profit’ status please tick ☐   ***Proof of tax exemption status will need to be included with this application*** | |
| 9. Is your organisation GST registered? | |
| *Please tick*   * Yes ☐ No *-*   If ‘yes’ what is your GST number?  ***A STCCT grant is classed as a donation. If you are GST registered a STCCT grant will exclude GST. If you are not GST registered, a STCCT grant will include GST****.* | |
| 10. Financial statements & Original Bank Verification | |
| **Has your organisation been operating for more than 12 months?**  *Please tick*   * Yes ☐ No   ***Verification may be required at a later stage, and can be in the form of a bank statement, or a bank encoded deposit slip, or hand written or printed bank details which have been stamped as verified by the bank. We will let you know if this level of detail is required.*** | |

PART TWO: APPLICATION DETAILS

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| 11. Please summarise what you need the funding for and a reason for this request. | |
| ***Please note:***   1. *If the application is for specific items, two competitive quotes for each item are highly desirable.* 2. *If the application is for travel & accommodation a copy of the official itinerary for which travel & accommodation is requested, together with a list of the members who are travelling are required.* | |
| 12. **Please provide a cost breakdown of the items you want the grant to pay for:** | |
| **Item** | **$ Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Amount excluding GST** | **$** |
| **GST amount if applicable** | **$** |
| **Total including GST** | **$** |
|  | |
| 13. If the purpose of the application relates to a particular area of the Strath Taieri, please specify the area | |
|  | |
| 14. What is the total cost of this project? | |
| $ | |

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| 15. How much are you asking STCCT for in total? | |
| $  *Please attach a resolution as proof that your organisation supports this request. The resolution must:*   * *Specifically refer to Strath Taieri Connect Charitable Trust* * *Clearly state the amount requested and the purpose for which funding is sought* * *Include the names of all members who approved the resolution and the date on which the resolution was passed* * *Be signed by the Secretary/Chairperson or other Executive Member* * *Be printed on the organisation’s letterhead if you have one.* | |
| 16. Approximately how many people will benefit from the grant? | |
|  | |
| 17. Have you asked any other funding organisation for a grant for the same purpose? | |
| *Please tick*   * Yes ☐ No   If ‘yes’ please provide the following information: | |
|  | |
| Name of funding organisation |  |
| Amount requested | $ |
| Status of application  (Pending/Approved/Declined) |  |
|  | |
| Name of funding organisation |  |
| Amount requested | $ |
| Status of application  (Pending/Approved/Declined) |  |
|  | |
| Name of funding organisation |  |
| Amount requested | $ |
| Status of application  (Pending/Approved/Declined) |  |
|  | |
| Name of funding organisation |  |
| Amount requested | $ |
| Status of application  (Pending/Approved/Declined) |  |
| 18. What other activities will your organisation undertake to fund this project? | |
| *For example, sausage sizzles, charity auctions, car washes, self-funding etc* | |
| 19. What will be the main benefit to your organisation, and the key outcomes achieved, as a result  of a accessing a grant? | |
| *Examples of outcomes likely* | |

**PART THREE: CONSENT DECLARATION**

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| **CONSENT DECLARATION** | |
| By signing this application, we the undersigned:   * Agree to comply with any reasonable requests from the STCCT for additional information in relation to the receipt as a result of this application. * Confirm that any funds received as a result of this application will be used only for the purpose for which they were approved and that we will provide proof of expenditure and return any money we don’t spend to STCCT. * ***Note: Any requests for a change of supplier must be made to STCCT in writing, along with the provision of new quotes for the same. Failure to seek permission prior to expenditure being incurred may result in a request for the return of the funding.***   We declare that:   * The information provided in this application is true and correct to the best of our knowledge. * We have the authority to make the application on behalf of our organization. | |
|  |  |
| **Name of Organisation** |  |
|  |  |
| **Signature of First Authorised Signatory**  *Original signature, not photocopied or scanned* |  |
| **Full name in CAPITAL LETTERS** |  |
| **Role (eg CEO/Principal/Chairperson)** |  |
| **Date** |  |
|  |  |
| **Signature of Second Authorised Signatory**  *Original signature, not photocopied or scanned* |  |
| **Full name in CAPITAL LETTERS** |  |
| **Role (eg Secretary/Treasurer/Trustee)** |  |
| **Date** |  |
|  |  |

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| CHECKLIST FOR APPLICANTS |
| *Check that (tick boxes):* |
| * All the questions are answered |
| * The Consent to be Audited & Declaration (over the page) has been signed |
| * Two competitive quotes for each item for which funding is required or an explanation for only one quote. |
| * A resolution to apply to STCCT is attached with names of all who attended the meeting |
| * Proof of affiliation to a recognised regional or national body if required. |
| Attachment for other groups affiliated to a regional or national body |
| * Proof of affiliation to a regional or national body |
| Attachments for travel and accommodation requests |
| * Copy of the official itinerary or invitation for which travel and accommodation is requested,   together with a list of the people who are travelling |

Please keep a copy of the completed application form for your records.

Send your completed Application Proposal & all supporting documentation to STCCT:

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| **By NZ Post** | P O Box 100, Middlemarch, Otago 9067 |
|  |  |
| **Through Website** | https://strathtaiericonnect.org.nz/submit-an-application |
|  |  |
| **By Email** | [info@strathtaiericonnect.org.nz](mailto:info@strathtaiericonnect.org.nz)  Please note: If you are emailing the Application & Supporting Documentation **the ‘Consent to Audit & Declaration,’ with original**  **signatures**, **must be posted separately.** |