



# Fee Waivers Fund 2009/2010



Waitakere City Council  
*Te Taiao o Waitakere*





# Fee Waivers Fund Application Form

Send to: Community Grants Officer  
Waitakere City Council  
Private Bag 93109  
Henderson  
WAITAKERE 0650

Deliver to:  
Waitakere Central  
6 Henderson Valley Road  
Henderson  
Telephone (09) 839 0400  
Facsimile (09) 836 8001

## Waitakere City Council's Strategic Priorities

The Treaty of Waitangi vision is that people in the city are proud to uphold the Treaty of Waitangi.

**Sustainable Development** requires that all major programmes demonstrate ongoing social, economic, environmental and cultural benefit for current and future communities.

**First Call for Children** vision is a city where children and youth participate in the development of the city; play and hangout safely; have good healthcare, education and housing; are free from violence; develop their own cultural identity and enjoy the city's diversity; access integrated transport systems; enjoy clean air, water and green spaces and are free from poverty.

**Safe City** requires that in addition to formal occupational health and safety considerations, the general safety of the community is integral to all of the Council's activities and planning and the Council advocates for and supports safety initiatives with its planning partners.

**Lifelong learning** vision is a city where everyone can access flexible, creative and inspirational affordable learning and can participate in city life.

If you have any questions about the application process please call us on (09) 8390400 or email info@waitakere.govt.nz

Please read the Community Assistance Funds relevant policies & guidelines before filling out this form.

### Office Use Only:

Date Entered: \_\_\_\_\_

Application Reference Number: \_\_\_\_\_

Entered By: \_\_\_\_\_

Organisation Reference Number: \_\_\_\_\_

## Tell us about Your Organisation

### Contact Details

Name of your organisation or group: .....

#### Physical Address of Organisation:

Street .....

Town .....

Email address .....

Telephone number ( ) .....

#### Postal Address:

PO Box .....

.....

Website .....

Mobile ( ) .....

**Details of the Two Main Contacts for this application:** *(These must be people who know about the activities that you are planning and who we can contact if necessary for further information)*

#### Contact 1

Name .....

Position .....

Telephone Number ( ) .....

Mobile ( ) .....

Email address .....

#### Contact 2

Name .....

Position .....

Telephone Number ( ) .....

Mobile ( ) .....

Email address .....

Details of **Two Referees:**

**Referee 1**

Name .....  
 Organisation.....  
 Email address.....  
 Telephone Number ( ) .....

**Referee 2**

Name .....  
 Organisation .....  
 Email address.....  
 Telephone Number ( ) .....

**Legal Status**

Have you applied to Waitakere City Councils Community Assistance Fund in 2009/2010?  Yes  No  
 (If yes you can skip to reasons to support application )

Is your organisation a legally constituted trust or incorporated society  Yes  No  
 If **yes**, please attach a copy of your constitution or incorporation.

If **yes**, please specify: Trust  Incorporated Society  Other .....

How long has your organisation or group been in existence? Years  Months

Is your organisation affiliated with, or part of, any national organisation? Yes  No

If **yes**, please specify .....

Is your organisation GST registered? Yes  No

If **yes**, your GST number is:   -    -    (Please attach proof of your GST number)

**Finances of your Organisation or Group**

What are your usual sources of income?

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Financial summary from the latest annual accounts (*Please attach a copy of latest audited accounts*)

Summary for financial year ending-	
Income	\$
Expenditure	\$
Surplus/Deficit	\$
Current Bank Balance	\$

**Reasons to support application** (*Additional information may be attached to this document*).

Purpose of facility/project

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.....

.....

Level of Community Benefit?

Community need/support for your project/facility?

What are the main activities/programmes you run at/from the project/facility? (eg- sports, arts, religion, general wellbeing activities, no set programme).

### Financial Details for of Fee Waivers

What fees will you be applying for (you must have paid all the Consent Fees before you can apply for funding).

Project Information Memorandum Fees	\$
Plan Processing Check Fee	\$
Planning Check Fee	\$
Inspection Fee	\$
Code Compliance Certificate Fee	\$
Land Consent Fee (including site visit and formal report)	\$
Total Cost of Fees paid:	\$
<b>Amount applying for (you can only apply for 1/3 back)</b>	<b>\$</b>

### Additional information Refer to the guidelines for full details on documents that you need to enclose with your application.

All applicants must enclose the following information unless your organisation has already applied for funding from Waitakere City Council and you have already sent in your audited accounts, please do not send them in again.

Copy of the organisation's latest bank statements	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Copy of Inland Revenue Tax Exemption	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Two <b>written references</b> or <b>letters of support</b> from the community	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Copies of Consent Fees and receipts	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Copy of Audited Annual Accounts for the last financial year. (If your organisation has applied for funding in 2009/10, please do not send these in again )	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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## Declaration

I declare that the information supplied here is correct. If the application is successful, I/we agree to:

- (ii) participate in any funding audit of my organisation or project conducted by Waitakere City Council.

I consent to the Waitakere City Council recording the personal information provided in this application and retaining and using this information to send me relevant Council information, such as newsletters.

I also undertake that I have obtained the consent of the other person named in this form to provide their details to Council.

I understand that my name and/or the name of my group may be released to the media or used in publicity material in connection with any funding granted by Council.

I am aware that I have the right to have access to and correction of the information held by Council.

This consent is given under the Privacy Act 1993.

Signed on behalf of my organisation in accordance with our rules:

Name .....

Position .....

Signature ..... Date: ..... / ..... / .....

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## Monitoring Information

This information will help monitor our grants. *(This information will not form part of the assessment application).*

How did you hear about the Waitakere City Council Community Fund?

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> Newspaper                     | <input type="checkbox"/> Radio    | <input type="checkbox"/> Word of mouth          |
| <input type="checkbox"/> Letter or mail out            | <input type="checkbox"/> Internet | <input type="checkbox"/> Waitakere City Council |
| <input type="checkbox"/> Other <i>(please specify)</i> |                                   |   |

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## Sending us your form

Before placing your application in an envelope, check you have:

- Answered** all the required questions
- Included** the required additional information
- Signed** the declaration (Failure to do so may invalidate your application)