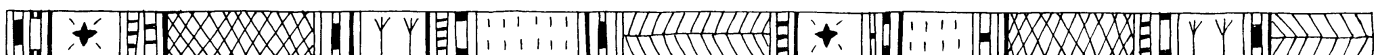




Community Wellbeing Fund 2009/2010



Waitakere City Council
Te Taiao o Waitakere



Community Wellbeing 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: _____

Contact address: _____

Street _____ PO Box _____

Town _____

Email address: _____ Website: _____

Telephone number: () _____ Mobile: _____

Project address: *(If different from above)* _____

Street _____

Town _____

Telephone number: () _____

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 _____ Email address: _____
Telephone Number: () _____ Mobile: _____

Referee 2

Name _____ Email address: _____
Telephone Number: () _____ Mobile: _____

Legal Status

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? _____

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

If **yes**, please specify _____

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

Explain the purpose of your organisation, highlighting the services and programmes provided.

How many people are involved in running your organisation?

Full time paid staff Part time paid staff Volunteers

What do your volunteers do? _____

Approximately how many people directly benefit from your organisations services? (Please provide the number of members in each age group category)

0-20 21-65 Over 65

Finances of your Organisation or Group

What are your usual sources of income?

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

Summary for financial year ending		<input type="text"/>		
Income	\$	<input type="text"/>		
Expenditure	\$	<input type="text"/>		
Surplus	\$	<input type="text"/>		
Current Bank Balances	\$	<input type="text"/>	at	<u> / /</u>

Please indicate if any of the funds are tagged for specific purposes

Do you anticipate any significant changes in financial circumstances in the next 12 Months? Yes No

If yes, please explain (this includes any funding you have applied for , but have not heard the results)

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:

- | | | |
|---|------------------------------|-----------------------------|
| Copy of the organisation's latest bank statements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Copy of Audited Annual Accounts for the last financial year.
<i>(If these are unavailable please explain why and when they can be sent in)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Copy of Inland Revenue Tax Exemption | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Two written references or letters of support from the community | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Declaration

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

- (i) return a Certificate of Expenditure *(which will be sent to me in due course by Waitakere City Council)* and provide a copy of all receipts from the money spent.
- (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: ____ / ____ / ____

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 mailout | <input type="checkbox"/> Internet | <input type="checkbox"/> Waitakere City Council |
| <input type="checkbox"/> Other <i>(please specify)</i> _____ | | |

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.