

Community Wellbeing Fund Application



Our City with Heart - He Ngākau Aroha

Before You Start

- Read the Community Wellbeing Fund Application Guide.
- Complete the Community Wellbeing Fund Application form according to the guide.
- Applications can only be submitted using this document.
- If you are unable to type into the form directly, please print a copy and complete by hand.
- We recommend that you keep a copy of your completed application for your own references.



Part 1 – Applicant Details

Full Name of Organisation:

Mailing Address:

Physical Address (If different from above):

Website (If available):

Legal Status of Organisation: (e.g. Charitable Trust, Limited Liability Company)

Charities commission or NZBN registration number: (If applicable)

Contact Person:

Position:

Phone:

Email:

Alternative Contact:

Position:

Phone:

Email:

Ethnicity of applicant/group:

Māori New Zealand European Pasifika Asian Latin Other:

Would you like to speak in support of your application at the Community Wellbeing Fund Committee meeting?

Yes No



Part 2 – Details of the Activity

Activity Name:

Date/s of this activity:

Total estimated cost for this activity:

Funding amount requested from the Community Wellbeing Fund:

Are you seeking multiple years of funding?

Yes No

Number of Years: _____ (3 years maximum funding)

If yes, please attach your business case to this application for why you require this.

Venue or facility where this activity will take place:

Please describe the activity by answering the questions below:

- **The Plan:** Explain the idea behind the activity that you are seeking funds for. What is the need for the activity? (Maximum 300 words)
-

- **The Process:** How will the activity happen? (Maximum 350 words)
-

Part 2 – Details of the Activity continued

- **The People:** Describe the key people and/or groups involved. Consider participant factors such as age, gender, ability, ethnicity. (Maximum 250 words)

How many people do you expect to take part in the activity? _____ Participants _____ Audience

Please describe the community benefits of your activity. (These could be social, cultural, economic or environmental benefits.)

Is this activity part of a bigger programme, if so, please outline. (Maximum 250 words)

Where relevant, if you are providing food, will you ensure healthy food options?

Yes

No



Community Wellbeing

*Our City with Heart
He Ngākau Aroha*

Part 3 – Activity Budget Information

(You may attach your forecasted budget to support the tables below)

Are you registered for GST? Yes - Do NOT include GST in your budget No - Include GST in your budget

If yes, please enter your GST number: _____

Please provide itemised costs for this activity:

Item	Detail	Amount \$
Total Costs		\$

Please provide income details including how your organisation will contribute financially to your activity (eg) participant fees, fundraising

Income	Detail	Amount \$
Total Income		\$
	Costs minus income	\$

Amount you are applying for
\$ _____



Part 3 – Activity Budget Information

Please list confirmed sources of other funding for the activity and amounts you have applied for and are awaiting confirmation

Funding Source	Confirmed Yes/No	Amount \$

If successful, when do you hope to have the funds available from Council? Date: _____

Have you previously received funding from Invercargill City Council? If so when and what for?

Date	Name of Fund applied to	Activity	Amount \$

How did you hear about the Community Wellbeing Fund? (Please tick that all apply)

- Council Website
 Other Website
 Facebook
 Instagram
 Newspaper
 Radio
 Council Staff member
 Word of mouth
 Other (please detail) _____



Part 4 – Declaration

I/We agree,

- That the information supplied in this application is true and correct to the best of my/our knowledge.
- That I/We have the authority to commit our organisation to this funding application.
- That any funding received will be used only for the activity for which it is approved.
- To participate in any funding audit of the organisation as required by the Invercargill City Council.
- To complete the accountability requirements and provide receipts where requested.
- That I/We will provide a complete evaluation and/or report detailing the spending and outcome of the activity.
- That the details about our funding application may be released to the media or appear in publicity material.
- As Invercargill City Council is bound under Local Government Official Information Act 1987 and details entered in this application may be released under the act.
- To Invercargill City Council collecting the personal contact details provided on this form. This consent is given in accordance with the requirements of the Privacy Act 1994.

1. Name: _____

Position: _____

Signature: _____

Date: _____

2. Name: _____

Position: _____

Signature: _____

Date: _____

