**Please only complete this application if you are not able to complete the online application form. If you do need to complete this form, please note the following;**

* Please type directly in to the boxes provided on this form. Just click in the box. Do not handwrite.
* Please answer all questions where applicable however, all shaded boxes **must** be completed.
* If you have additional information which you would like to provide, please include it on the last page or as an attachment.
* Guidelines or any information about this fund are available on the **Economic Recovery plan** website page - <https://www.westernbay.govt.nz/council/economic-recovery-plan>.
* Please email your application and supporting documentation to email: [commresiliencefund@westernbay.govt.nz](mailto:commresiliencefund@westernbay.govt.nz)

1. **Applicant Details**

**Applicant Details**

1. **Group's name (organisation, club etc)**
2. **Group's address**
3. **Group's website – if applicable**
4. **Mark with an X which Western Bay of Plenty District Council's Ward your group offer services to.**

**Katikati / Waihi Beach**

**Kaimai / Omokoroa**

**Te Puke / Maketu**

**All of District**

**Legal Status**

1. **Is your group a registered charity** – Delete one

**Yes No**

1. **What is your registration number?**
2. **Is your group an incorporated society** – Delete one

**Yes No**

1. **What is your incorporation number**

**i. Primary contact person**

**Please provide the details of the person who is the primary contact for this application**

**Title -** Delete all but one.

**Mr Mrs Miss Ms**

**Given name**

**Surname**

**Phone (day)**

Area code - Number

**Mobile phone**

Area code - Number

**Email address**

**Do you hold an official position in the group/organization?** Delete all but one.

**No official position President Secretary Treasurer Committee Member**

**If other, give details;**

1. **Second Contact Person**

**Note: The second contact person will be copied into all email correspondence relating to this application and the decision.**

**Title -** Delete all but one.

**Mr Mrs Miss Ms**

**Given name**

**Surname**

**Phone (day)**

Area code - Number

**Mobile phone**

Area code - Number

**Email address**

**Does this contact person hold an official position in the group? -** Delete all but one or give details.

**No official position President Secretary Treasurer Committee Member**

**If other, give details;**

1. **Project Details**

**Organisational Details**

1. **What is the main purpose of your organisation?**
2. **How many volunteers does the group have (if any)?**
3. **How long has the organisation been in existence?**

1. **Describe the overall purpose of your project/initiative and how it aims to improve wellbeing outcomes for our communities as a result of COVID 19**
2. **What specific aspects of the project will this grant cover?**
3. **If the project has started, please describe the phases that are underway or have already taken place (if any)**

1. **Describe how you will deliver this initiative safely, making considerations for alert level guidelines (social distancing practices/contactless deliveries etc)**

1. **List any groups or agencies you will partner or work with to deliver this project**

1. **Financials**

**Current/Projected Financial Information**

1. **What was your total revenue, including sources of funds, at the end of your last financial year? E.g. Total $100K made up of $20K memberships, $50K sponsorship and $20K Gaming Trusts.**
2. **What is your anticipated total revenue, including sources of funds, at the end of the current financial year? E.g. Total $50K made up of $15K memberships, $30K sponsorship and $5 Gaming Trust.**
3. **What is the total balance of all bank accounts, term deposits and investments at date of application. These will need to be verified. Please attach your bank statements and documents to support your answer.**
4. **How has COVID 19 affected your current or project income streams? Please use specific examples. E.g. having to return Class Four gaming funding that is now not fit for purpose.**
5. **What actions have been taken to offset project or actual reduction in income? Be specific as to how you have trimmed back costs (if possible) or utilised reserves since COVID 19 began.**
6. **Project Contribution**
7. **Please mark with an X what your group is contributing, specific to this project.**

**Type of contribution**

**Sponsorship Central Government Subsidies**

**Fundraising Cash on hand**

**Other grants Volunteer time**

**Donations**

1. **If you have marked with an X one or more of the boxes above. Please give details of that contribution in the appropriate box below.**

**Give details of the Sponsorship contribution Sponsorship amount ($)**

**Give details of the 'Central Government Subsidies'**

**contribution Central Government subsidies amount ($)**

**Give details of the 'Fundraising' contribution Fundraising amount ($)**

**Give details of the 'Cash on hand' contribution Cash on hand amount ($)**

**Give details of the 'Other Grants' contribution Other Grant amount ($)**

**Give details of the 'Volunteer time’ contribution Volunteer time at $16.90 per hour amount ($)**

**Give details of the 'Donations' contribution Total donations amount ($)**

**Group’s total contribution ($)**

**This amount must be the total of all the project contribution amounts you listed above.**

1. **What is the total amount being applied for ($) – excluding GST**

**Please note: the maximum amount available is $10,000 excluding GST.**

1. **Have you applied to other funders outside of Council? -** Delete one.

**Yes No**

1. **Other fund application details (Please record any other funders on the back page)**

**Name of funder**

**Amount applied for**

**Date application submitted**

**Decision date**

**What was the decision result from this application i.e approved, declined or pending?**

1. **Mark in the below box with an X to confirm that you understand and agree that if this application for funding is successful, you will be required to complete an evaluation form in 2020.**
2. **Supporting Documents**

**The following documentation must be provided as attachments along with your application.**

1. **Quotes for any materials. Note: Official and recent quotes must be provided.**
2. **A pre-printed bank deposit slip.**
3. **A copy of your group/organisation's latest audited accounts.**
4. **Bank statements to support question 4.c.**
5. **Any other supporting documents relevant to the project. Additional information can also be recorded on the last page of this application.**
6. **Declarations**

**I hereby declare and confirm that the information and supporting documents provided in conjunction with this application is true, accurate and correct and that I am authorised to make this declaration.**

If this application is successful, we agree to:

- Complete an evaluation form once the funds are spent.

- Only spend the money on the item/s it was granted for

- Acknowledge Council's contribution in any promotional activity

- Agree Council can use the project in its promotional material

**Signature of Applicant**

**By putting an X in the below box, you confirm that you are the same contact (primary) person as given at the beginning of this application. All information provided in this application will be publicly available.**

**Signed on behalf of the group/organisation/club.**

**Full name of the group/organisation/club you are applying on behalf of**

**Application Date**

**Please email your application along with your attachments to** [**Commresiliencefund@westernbay.govt.nz**](mailto:Commresiliencefund@westernbay.govt.nz)**. If you have any questions, please contact Rebecca Chambers on 027 600 0980 or David Pearce on 027 290 0082. Thank you.**

**Please provide any additional information here.**