Applicant Details
* indicates a required field
New Section
Applicant O Individual Organisation Organisation Name
Title First Name Last Name
Applicant Primary Address * Address
Suburb/Town, State/Province, Postcode, and Country are required. Country must be New Zealand
Applicant Postal Address Address
Applicant Primary Phone Number *
Applicant Primary Email *
Must be an email address.
Applicant Primary Website
Must be a URL.
Applicant Primary Bank Account Account Name
Account Number Must be a valid New Zealand bank account format.

Please upload a copy of your bank account details here: *

Attach a file:		

Organisation Details

Applicant NZ Charity Registration Number (CRN)

The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

New Zealand Charities Register Information
Charity Registration
Number
Organisation Name
Other Names
Status
Street Address
Postal Address
Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

Applicant NZBN

The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.

New Zealand Companies Register Information

NZBN

Entity Name

Registration Date

Entity Status

Entity Type

Registered Address

Office Address

Must be formatted correctly.

GST

Is your organisation GST registered? * O Yes O No
GST details
Must be a number. Enter your 9 digit number here
Eligibility Check
* indicates a required field
Grant History
Did you receive a Carterton District Council Community Grant in 2023 ○ Yes ○ No
Accountability
Did you complete your Accountability form and send in before the due date of 31st May 2024? * O Yes O No
Timeframe of Activity
Can my proposed project be completed within 12 months? (Note accountability is due 1 May 2025) * O Yes No
Application Overview
* indicates a required field
Proposed Activity Details
Title *
Word count: Must be no more than 20 words.

Activity description *
Word count:
Must be no more than 100 words. Provide a short description (100 words recommended) of your project - what are you out to do?
What are the primary areas of focus for this project/program?
No more than 5 choices may be selected. You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)
Who are the primary beneficiaries of this project/program?
who are the primary beneficiaries of this project/program:
No more than 5 choices may be selected.
Please choose only the group/s that are at the very core of this project/program
Start Date *
Must be a date and no earlier than 1/7/2024.
End Date *
Liid Date
Must be a date and no later than 1/5/2025.
Plast be a date and no later than 1/3/2025.
Total Amount Requested *
\$
Must be a dollar amount. What is the total financial support you are requesting in this application?
Activity Location
Refer to the Carterton District Council Community Grants Policy for more information about the location.
 Does your activity benefit the; * Carterton District Wairarapa Region (Masterton, Carterton and South Wairarapa)
Accessible to a Range of People:
·
Refer to; Wairarapa Positive Ageing Strategy

Rangatahi <u>Strategy</u>

Is my project access Residents etc) * Yes No	ible to a range of pe	ople (eg: Older pe	eople, Youth focus, New
Provide a summary	here:		
Word count: Must be no more than 10	0 words.		
Budget			
* indicates a required f	äeld		
Budget			
Income	\$	Expenditure	\$
	\$		\$
	\$ \$		\$ \$
	\$		<u> </u>
	\$		\$
Budget Totals			
Total Income Amount	Total Expenditure Am	ount Incom	me - Expenditure
\$	\$	\$	
This number/amount is calculated.	This number/am calculated.		s number/amount is culated.
Additional Inform	ation		
Annual Report or Ac Attach a file:	counts *		
Quotes, plans or act Attach a file:	ivity details *		
Pending application	ons from other fur	nding sources:	
Have you applied fo Councils? * O Yes O No	r funding from Trust	s, Organisations o	or other Wairarapa

Provide details of other organisations and the amount of funding applied for / you intend to apply for if the grant round still to open:
Activity Description
* indicates a required field
Alignment with the Carterton District Council Long term Plan
The current Long Term Plan information can be found HERE
Please supply details about how your activity aligns with the LTP:
Word count: Must be no more than 200 words.
Alignment with the Carterton District Council Annual Plan
The current Annual Plan (2022 - 2023) can be found <u>here</u>
Please tell us how your activity aligns with the Annual Plan:
Word count: Must be no more than 200 words.
Alignment with Community Wellbeing's
Which Community Wellbeing's does your activity align with? (tick as many boxes as applicable)
Social Wellbeing □ • A caring community that is safe, healthy and connected □ • An empowered community that participates in Council and community-based decision making □ • Awesome public facilities, spaces and parks
Environmental Wellbeing An environmentally responsible community committed to reducing our carbon footprint and adapting to the impacts of climate change A resilient community capable of responding and recovering from environmental shocks
Economic Wellbeing □ • A community that is productively engaged in employment, education, and community service

Cultural Wellbeing

 Te Ao Maori/Maori aspirations and partnerships are valued and s A community that embraces and encourages our cultural divers A community that fosters and promotes our quirkiness and crea 	ity and heritage
Please describe your activity and how it supports the above of	outcomes
Word count: Must be no more than 300 words.	
Please explain how your activity aligns with priorities'Social, Sport / Recreation' (Community Grants policy page 4):	Environmental and
Word count: Must be no more than 100 words.	
Detailed information about your activity	
How many people will benefit from the activity? *	
Word count: Must be no more than 100 words.	

Declaration Authorisation

* indicates a required field

This authorisation relates to information in this application that the Carterton District Council may hold about me/us now or in the future.

- I/we hereby declare that I am/we are authorised to submit this application and that any grant received will be used for the project for which it is approved
- I/we authorise the Carterton District Council to use this information for the purposes of administration of this application
- I/we authorise Carterton District Council to seek such information as may be required to complete consideration of this application
- I/we hereby declare that the information provided is correct
- I/we acknowledge that any decision made by the Carterton District Council is final and that no reasons for such decision will be given nor will any correspondence entered into
- I/we hereby declare that the enclosed annual accounts were presented at our most recent Annual General Meeting
- I/we hereby declare that we comply with any relevant obligations under the Vulnerable Childrens Act 2014
- I/we hereby declare that our project/initiative will be delivered within the financial year that they are received.
- I/we hereby declare that we will submit an acquittal form for accountability by the 1st May 2025.

Name *

Title First Name Last Name

Position *	
Date *	
Must be a date.	
Declaration * O I agree to the above	

Final Checklist

Don't forget to have uploaded with your application:

- A copy of your organisation's most recent accounts
- A bank deposit slip / confirmation of account name and number