

## **RUAPEHU DISTRICT COUNCIL**

Private Bag 1001, Taumarunui 3946, New Zealand Telephone 07 895 8188 • Fax 07 895 3256 Email info@ruapehudc.govt.nz Website www.ruapehudc.govt.nz

For Council	

## Community Development and Pride of Place Fund Application Form

Applicant Det	tails - Organisation		
Organisation:			
Postal Address:			
	1st Contact Person	2 <sup>nd</sup> Contact Person	
Daytime Phone:			
Fax or Email: Are you GST regi			☐ Yes ☐ No
	per:		
Is your organisation			
Where is your org	janisation based?		
Project Detail  Describe in detail  Attach a separate		hall, marae, or project, and the purpose for v	vhich funding is sought.

	your project locateur (i.e. Geographic a	area, ward, community.)
Start date of project:  Have you sought advice or assistance If yes, please provide details of agen		ur project: Yes No
Financial Details List the full income and costs of your If registered for GST, do not include	project (List each part of the budget, no	ot just a total figure).
Income	\$ Costs	\$
Cash in hand towards project  Cash sponsoring		
Other grants		
g		
Intended fundraising		
Intended fundraising		
Intended fundraising		
Intended fundraising	Total Cos	st of Project is:
Intended fundraising Other (specify)  Your Contribution is  How much funding are you applying (Project Costs less Project Income)	for in this application?	\$
Intended fundraising Other (specify)  Your Contribution is  How much funding are you applying (Project Costs less Project Income) List any other organisation you have	for in this application? applied to (or intend applying to) for fun	\$ ding this project:
Intended fundraising Other (specify)  Your Contribution is  How much funding are you applying (Project Costs less Project Income)	for in this application?	\$
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Non-Financial Contributions
Give details of any donated materials/services (e.g. professional services, paint, timber, lighting, etc.)
What is the estimated number of volunteers hours involved in this project?
<b>Declaration</b>
I/We confirm that all details contained in this application are true and correct and that I/we am/are authorised to make this
declaration. I/We further understand that, if this application is successful, I/we must complete a Certificate of Expenditure form upon completion of the project.
I/We agree to conform to any regulations which Council notifies us of.
(Note: the persons signing here on behalf of an organisation should be the same contact persons as on page 1 of this
application).
application).  1 <sup>st</sup> Contact Person  2 <sup>nd</sup> Contact Person
1 <sup>st</sup> Contact Person 2 <sup>nd</sup> Contact Person
1st Contact Person 2nd Contact Person  Name (Individual/Organisation):  Signature:
1 <sup>st</sup> Contact Person 2 <sup>nd</sup> Contact Person  Name (Individual/Organisation):
1st Contact Person 2nd Contact Person  Name (Individual/Organisation):  Signature:
1st Contact Person 2nd Contact Person  Name (Individual/Organisation):  Signature:  Position Held:
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1st Contact Person 2nd Contact Person  Name (Individual/Organisation):  Signature:  Position Held:  Date:
1st Contact Person  Name (Individual/Organisation):  Signature:  Position Held:  Date:  Checklist  Please Check:
1st Contact Person  Name (Individual/Organisation):  Signature:  Position Held:  Date:  Checklist  Please Check:  Are all questions answered?
1st Contact Person  Name (Individual/Organisation):  Signature:  Position Held:  Date:  Checklist  Please Check:  Are all questions answered?  Do your figures add up?
1st Contact Person  Name (Individual/Organisation):  Signature:  Position Held:  Date:  Checklist  Please Check:  Are all questions answered?  Do your figures add up?  Have you attached any additional information that may assist your application?
1st Contact Person  Name (Individual/Organisation):  Signature:  Position Held:  Date:  Checklist  Please Check:  Are all questions answered?  Do your figures add up?  Have you attached any additional information that may assist your application?  Have you kept a copy of this application for your future reference?
1st Contact Person  Name (Individual/Organisation):  Signature:  Position Held:  Date:  Checklist  Please Check:  Are all questions answered?  Do your figures add up?  Have you attached any additional information that may assist your application?
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Name (Individual/Organisation):  Signature:  Position Held: Date:  Checklist  Please Check:  Are all questions answered?  Do your figures add up?  Have you attached any additional information that may assist your application?  Have you kept a copy of this application for your future reference?  Items which must be attached to this application:  Certificate of Incorporation or other similar certificates for your organisation.  Deposit slip for bank account details.