



SELWYN DISTRICT COUNCIL – GRANT APPLICATION FORM

This form is to be used for all grant and loan applications to the Council.

1. Name of Organisation/Applicant applying for grant: _____

Contact Details:
Contact Person: _____

Postal Address: _____

Phone Day: _____ Phone Night: _____

Please give the names and telephone contacts for one or two referees who can help us if the Assessment Committee requires more information:

Name 1: _____

Phone Day: _____ Phone Night: _____

Name 2: _____

Phone Day: _____ Phone Night: _____

2. Description of event/activity/project to be funded:

	Yes	No	
Do you require a grant	<input type="checkbox"/>	<input type="checkbox"/>	(This does not have to be repaid).
Do you require an advance/loan	<input type="checkbox"/>	<input type="checkbox"/>	(This advance/loan is repayable to the Council)

A loan or advance is most appropriate where your organisation requires funding for the initial costs of your event/activity/project but revenue from the event etc will allow you to repay the advance/loan to the Council.

Do you require annual funding Yes No (e.g. to meet costs that will occur each year).

3. How many members does your organisation serve?	Club Sub/Levies?	Male/Female
Financial members:	_____	_____
Non-financial members:	_____	_____
Total Members	_____	_____
	_____	_____

4. Is your organisation a legally constituted society or trust: Yes No

If you are registered for GST, please supply your tax number: _____

Our preferred method of payment is direct credit. Please complete attached form.

<p>5. Schools only to answer this part: Applications from schools should be approved or submitted by the PTA as a fundraising project rather than an educational project.</p> <p>Has the PTA and/or Board of Trustees approved this application for funding: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

6. Please detail the COMPLETE costs of this project: (Please note - we require specific details of each component part of the project, NOT just a total figure).

How much of this are you applying to this fund for? _____

Please show where the remainder will come from: _____

Already spent _____

Have in hand at present _____

Sponsorship _____

User fees _____

Future fundraising _____

TOTAL _____

7. Please give a summary of your fundraising efforts for this project:

If you have applied to any other body for grants for this project, please specify to whom and for how much:

If you have received any financial assistance from the Selwyn District Council, Local Recreation and Sports Scheme, any Government Department, Lottery Board, QEII Arts Council, Trust or Society in the last three years please give details:

Year	To Whom Applied	Project	Amount
_____	_____	_____	_____
_____	_____	_____	_____

8. Outline the contribution your project makes to the improvement of volunteers in recreation opportunities or sporting activities in the local area. State the need for and the benefits of the project and indicate the level of community support it receives. How will this project benefit your community?

9. Please add anything else you wish that may aid your case for a grant/advance/loan for this project:

10. I hereby declare that the above information is correct. If the application is successful, my organisation agrees to:

- a) Provide a certificate (which will be sent to me in due course by the local authority) stating that the money received has been spent or is being held in trust for the purpose stated.

Signed: _____

Designation: _____

Organisation: _____

Date of Application: _____

11. To assist your organisation in obtaining grant funding, you are welcome to contact any of the Councillors, Malvern Community Board Members or Selwyn Central Community Board Members. Please refer to the attached sheets.

Please return this form when completed to:

Selwyn District Council
PO Box 90
ROLLESTON 7643
Attention: Grants Committee

Checklist	Yes	No
1. Have you attached your latest audited Accounts?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you answered all the questions?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do your figures add up?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can your contact people be easily reached?	<input type="checkbox"/>	<input type="checkbox"/>

Any enquiries to:

**Community Services Manager Or:
Community Committees Team
Phone: (03) 347 2800 or (03) 318 8338**

12. STAFF REPORT:

Date considered by Staff Committee:

Staff Comments:

Fund Grant/Advance to be paid from:

		Date of next meeting
Council	<input type="checkbox"/>	_____
Malvern Community Board	<input type="checkbox"/>	_____
Selwyn Central Community Board	<input type="checkbox"/>	_____
Springs Ellesmere	<input type="checkbox"/>	_____
Historic Places	<input type="checkbox"/>	_____
Culture/Sports	<input type="checkbox"/>	_____
Reserve Development Account	<input type="checkbox"/>	_____

Reasons for funding decision:

Application approved for Council/Committee consideration:

Community Services Manager

Date

General Criteria to be considered when looking at funding:

- (i) That where the applicant is under 18 the form must be signed by a parent or guardian.
- (ii) That applicants list where else they have applied to for funding.
- (iii) That, except in exceptional circumstances, a grant cannot be given to the same person in consecutive years.
- (iv) At the Council's discretion, a grant may be retained by the Council until confirmation is received that the project will proceed.
- (v) Funding is for a specific part of a project.
- (vi) A ward member is to discuss the project with those concerned and speak to it at the meeting.
- (vii) That if the application can be funded from another source then that source should be applied to first.
- (viii) All recipients should report back if requested.
- (ix) Any unused portion of the grant is to be returned.

APPLICANT DETAILS

Name: _____

Postal Address _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

If you require a remittance advice please tick the box.

Remittances can be forwarded to you via E-mail. Could you please supply your E-mail address for this option.

Bank account number (15 digits)

PLEASE ATTACH A DEPOSIT FORM

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Particulars to appear on your Bank Statement

S	E	L	W	Y	N		D		C
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Signed: _____

Print Name: _____

Date: _____

For Office Use:

Creditor Number: _____

Input Date: _____

Checked: _____