THE EASTLAND GROUP WAIROA COMMUNITY CONTESTABLE GRANTS SCHEME

APPLICATION FORM

APPLICATIONS CLOSE JULY 20



THE EASTLAND GROUP WAIROA COMMUNITY CONTESTABLE GRANTS 2020

The Eastland Group Wairoa Community Contestable Grants are for the establishment or development of community services or projects, particularly focused on the Wairoa River. These projects include: river education, river safety, river restoration, and/or river sports.

If your organisation is delivering projects or services that address the following needs of our community, then we invite you to apply to the Eastland Group Wairoa Community Contestable Grants.

ANNUAL CONTESTABLE GRANTS

The objectives of the Grants Scheme is to support projects that have a particular focus on the Wairoa River, and:

- Support projects that encourage the following principles as the relate to the Wairoa River;
 PROTECT, RESTORE, HEALTH, WELL-BEING
- Support education and community outreach initiatives that focus on the Wairoa River
- Support young people to engage in activities that promote healthy relationships with the Wairoa River
- Promote the relevance and importance of the Wairoa River in the lives of the Wairoa community.

Those who have been granted funds will need to supply financial accounts showing how the money has been spent, and provide a report on the project and its success.

The total amount available is \$15,000, and will be offered to multiple organisations. Typically, three grants of \$5000 each. This is also dependent on the number of applications received.

IMPORTANT DATES AND JUDGING

APPLICATIONS OPEN: 9AM, JUNE 26, 2020
APPLICATIONS CLOSE: 5PM, JULY 27, 2020
RESULTS ANNOUNCED: 1-2 WEEKS AFTER JUDGING

The judging panel will consist of the Eastland Group CEO (or nominee), the Wairoa District Council Mayor (or nominee), and the Chair of the Wairoa Taiwhenua (or nominee).

Applications should be sent to Austin King, PO Box 54, Wairoa 4160 OR austin@wairoadc.govt.nz. Applications can also be dropped off at the Wairoa i-SITE Visitor Information Centre (cnr of Queen St and SH2), attention Austin King.



WAIROA DISTRICT

PROJECT DETAILS

Name and contact details All correspondence will be sent to the above email or postal address

Name of applicant:

Contact person (for group):

Street address/PO Box:

Street address/PO Box:

Email:

Telephone (day):

Bank Account Details

Name on bank account:

GST

If you are successful your grant will be deposited into this account

Bank account number:

PROJECT DETAILS

Project name:					
Brief description of the project: (use additional pages if required)					
Funding criteria: The objectives of the Grants Scheme is to support projects that have a particular focus on the Wairea.					
The objectives of the Grants Scheme is to support projects that have a particular focus on the Wairoa River.					
Which of the schemes four funding criteria are you applying under? (you can mark more than one)					
Supporting projects that encourage the following principles as they relate to the Wairoa River,					
PROTECT, RESTORE, HEALTH, WELLBEING					
Supporting education and community outreach initiatives that focus on the Wairoa River					
Supporting young people to engage in activities that promote healthy relationships with the Wairoa					
River					
Promoting the relevance and importance of the Wairoa River in the lives of the Wairoa community					
Project details					
The boxes below will expand as you type. If you are completing this application by hand you may need to expand these boxes <i>before</i> you print this form and/or add additional sheets. If you do, please clearly					
label these additional sheets using the headings below.					
1. The idea/Te kaupapa: What do you want to do?					

2. 7	The process/Te whakatutuki: How will the project happen?
3. 7	The people/Ngā tāngata: Tell us about the key people and/or the groups involved.

5. The bu	ıdget/Ngā	i pūtea					
Are you (GST registere	ed? Yes	Do NOT includ	de GST in	your budget		
		No	Include GST in	n your bud	lget		
Project cost	Project costs Write down all the costs of your project and include the details, e.g. materials etc.						
Item		Detail				Amount	
]					
]					
]					
Total Costs							
Project Inco	ome		the income you will ge s, other fundraising.	et for your p	roject from other (grants, donations,	
Income		Detail				Amount	
]					
]					
Total Income	<u> </u>]					
	ı are reques	~	Eastland Group Wa	airoa Com	munity Grant		
Other financi	al informati	ion					
Tell us about	t any other fo	unding you hav	e applied for or rece	ived for thi	s project		
Date applied Who to					How much	Confirmed/ unconfirmed	
1	11				1	I .	

You must read and sign the following. Please place an X in each box to show that you have read the information and agree to each section.							
	I/We declare that the details contained in this application are correct and that I/we have authority to commit to the following conditions.						
If this application	on is successful, I/we agree to:						
	complete the project as outlined in this application (or request permission in writing to the Eastland Group Wairoa Community Grant Administrator for any significant change or variance to the project)						
complete	mplete the project within a year of the funding being approved						
	lete and return a project report form (this will be sent with the grant approval letter) within two months after oject is completed						
return an	n any unspent funds						
contact th	contact the Administrator to let them know of any public event or presentation that is funded by the scheme						
	I/we understand that my/our name and brief details about the project may be released to the media or appear in publicity material.						
understa	I/we undertake that I/we have obtained the consent of all people involved to provide these details. I/we understand that I/we have the right to have access to this information. This consent is given in accordance with the Privacy Act 1993						
Name							
	(Print name of contact person/applicant)		(Print name of parent/guardian for applicants under 16 years of age)				
Signed:		Signed:					
	(Applicant or Group contact person)		(Parent/guardians signature for applicants under 16 years of age)				
Date:		Date:					