



Application Form

Funding for Tekapo Township Project

Te tāhua moni mō ngā kāupapa Taone o Takapō

To submit a Tekapo Township Project grant application please complete and return this form to:

Arlene Goss

Mackenzie District Council

Arlene.goss@mackenzie.govt.nz

PO Box 52, Fairlie

\$13,154.00 is available for distribution in 2021.

Projects must benefit the township of Tekapo.

Projects must be completed within a year of the grant being allocated.

The Tekapo Community Board will review applications and allocate the money.

All applicants will be notified following the community board meeting. Successful applicants will be asked to supply an invoice for the amount granted.

BEFORE YOUR START

Example:

Type your answer here

- **IMPORTANT – DO NOT edit any text outside of these boxes**
- If you are unable to type into the boxes provided please print a copy and complete by hand
- If you need more space, attach information to the back of this application form. Please include the section headings to help assessors.
- We recommend that you keep a copy of your completed application for your own reference.
- Contact the administrator if you need advice on your application (see contact details on the cover page).

Before submitting your application, complete this checklist:

<input type="checkbox"/>	My project promotes Tekapo township
<input type="checkbox"/>	My project takes place in the Mackenzie District
<input type="checkbox"/>	I have answered all of the questions in this form
<input type="checkbox"/>	I have provided quotes and other financial details
<input type="checkbox"/>	I have provided other supporting documentation
<input type="checkbox"/>	I have read and signed the declaration
<input type="checkbox"/>	My project complies with all relevant rules and regulations as required
<input type="checkbox"/>	I have made a copy of this application for my records

PART 1: APPLICANT DETAILS

Name and contact details

Are you applying as an individual or group? Individual Group

Full name of applicant:

Contact person (for a

Street address/PO Box:

Suburb: Town/City:

Postcode: Country:

Email:

Telephone (day):

All correspondence will be sent to the above email or postal address

Name on bank account: GST number:

Bank account number:

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

Would you like to speak in support of your application at the Tekapo Community Board meeting?

Yes: No:

If you mark yes, talk to your local administrator before you go so you know who you will be speaking to and for how long

PART 2: PROJECT DETAILS

Project name:

Brief description of project:

Project location, timing and numbers

Venue and suburb or part of town:

Start date:

Finish date:

Number of participants:

PROJECT DETAILS

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 *before* 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. The process/Te whakatutuki: How will the project happen?

3. The people/Ngā tāngata: Tell us about the key people and/or the groups involved.

4. The criteria/ Ngā paearu: Tell us how this project will deliver promotion of the Tekapo Township?

PROJECT DETAILS (budget)

Other financial information

Tell us about any other funding you have applied for or received for this project.

Date applied	Who to	How much	Confirmed/ unconfirmed

Tell us about other previous Genesis Tekapo Township Project grants you have received in the past three years.

Date	Project title	Amount received	Project completion report submitted (yes/no)

Other financial information

Groups or organisations must provide a copy of their latest financial statement. This can be a copy of the audited accounts, an income and expenditure statement or a copy of the unaudited management accounts.

If your group or organisation has reserves which are not being used for this project you should include your reserves statement or policy

PART 3: DECLARATION

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 is successful, I/we agree to:

complete the project as outlined in this application (or request permission in writing from the Tekapo Township Project Administrator for any significant change to the project)

complete the project within a year of the funding being approved

complete and return a project report form (this will be sent with the grant approval letter) within two months after the project is completed

return any unspent funds

keep receipts and a record of all expenditure for seven years

participate in any funding audit of my organisation or project conducted by the District Council

contact the Tekapo Township Project administrator to let them know of any public event or presentation that is funded by the scheme

acknowledge Genesis Energy funding at event openings, presentations or performances

use the Genesis Energy logo in all publicity (eg poster, flyers, e-newsletters) for the project and follow the guidelines for use of the logo.

I understand that the Mackenzie District Council is bound by the Local Government Official Information and Meetings Act 1987

I/we consent to Mackenzie District Council recording the personal contact details provided in this application.

I/we understand that my/our name and brief details about the project may be released to the media or appear in publicity material.

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.

NB: All applications by person/s under the age of 18 must be signed by applicant's parent or legal guardian.

Name

(Print name of contact person/applicant)

Signed:

(Applicant or arts organisation's contact person)

Date: