COMMUNITY EVENTS FUND 2024 APPLICATION FORM

help you com	•		IOTHLY EVELLIST OFF	inionnano	11311661 10
Have you app before?	olied to the Co	ommunity Even	ts Fund	YES	NO
-	? Application	ity Form been r ns cannot be a		YES	
Please attact	n the followin	g supporting do	ocuments:		
101_11	ank verified c aid into)	account details	(for the account	to which ar	ny grant will be
		accounts and l n organisation)	ast monthly financ	cial stateme	ent (if
E-	Event description (as per question 9)				
R	Relevant quotes to substantiate event costs				
	ny additiona pplication (o	•	ou wish to provide	in support o	of your
Please note: no being returned Completed app	to you.	-	umentation may res	sult in your ap	oplication
POSTED PO E	30x 444, terton 5840	DELIVERED TO:	161 Queen Street, Masterton	EMAILED TO:	mdc@mstn.govt.nz
Please complet	e all sections c	f the application	that apply.		
A. GENERA	AL DETAILS				
	•	on for an event or individual?	tobe ORGANI	SATION	INDIVIDUAL
2. If you are	an organisati	i on , name of or	ganisation applyi	ng for the e	vent:
Organisation	Name:				
Postal Address:				Phone:	
Email:					

The nar	ne of the per	son in	the organisation	on responsibl	le for this o	application:	
Name:					Position:		
Email:					Phone:		
	qual respons					another person	
Name:							
Email:					Phone:		
Name:							
Email:					Phone:		
	3. If an organisation, is it a legally constituted society or trust?						
4. If an GST	organisation	, is it re	egistered for	YES		NO	
If ye	s, GST No.						
5. Banl	k account no	ıme					
Banl num	k account nber		/	/		/	
6. If an organisation, what is the balance in the bank account as of 31 March 2024 \$							
B. IN	FORMATION	ABO	UT YOUR EVEN	IT AND COS	STS		
7. Please tick the wellbeing area(s) that your project will contribute to: (Please refer to the Community Events Fund Information Sheet for more detail about these wellbeing areas if required)							
WELLBEING DEVELOPMENT AREA (PLEASE TICK)							
6	3 (A)			<u> </u>	~ \$ €		

Cultural

8. Please tick the event category for your event: (Please refer to the Community Events Fund Information Sheet for more details regarding the event categories if required)

	EVENT CATEGORY (PLEASE TICK)			
Major events with economic benefit	Local and targeted events with community benefit	Emerging event		
O. Diagra attach a description of your event including:				

Deneill	Community	beneiii	emerging eveni			
9. Please attach a description of your event including:						
The date(s) the event is to be held						
Where it will tal	ce place in the Maste	erton district an	d/or how it will			
benefit Masteri	ton					
Anticipated nu	mber of active partic	cipants				
<u> </u>	mber of the audienc	•				
<u> </u>	eople are expected	_				
Explain any risk safety etc.)	s associated with the	e event (e.g. find	ancial, health and			
How much funding are you	requesting from the	Community	\$			
Events Fund for this event?	3	,	<u> </u>			
 10. Do you wish to speak to the Awards and Grants Committee to further support your application at the meeting to be held on 4 September 2024? Yes No If YES, in Person or Online (via Microsoft Teams) In Person Online 11. What funding have you applied for, intend to apply for or have already received for this event in your current financial year from other organisations/Councils? 						
FUNDER	AMOUNT REQUESTED	AMOUNT RECEIVED	RESULT DATE			

12. Please tell us about your event costs, what the grant will be spent on and if applicable, what is the organisation's contribution?

EVENT COSTS	AMOUNT	EVENT INCOME AND CONTRIBUTIONS	AMOUNT
List the major costs associated with this event	EXCLUDING GST	List the actual/ projected income (including ticket sales, fees, other grants, reserves, and sponsorship)	EXCLUDING GST
	\$		\$
	\$		\$
	\$		\$
	\$		\$
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	\$		\$
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	\$		\$
	\$		\$
Total cost	\$	Total income	\$

D. DECLARATION AND CONSENT UNDER PRIVACY ACT 2020

Two people must sign this, one of whom is listed as the contact on the second page of this application form.

The information you have provided on this form is required so that your application for funding can be processed.

Once this application is lodged it becomes public information and may be made available on the Council's website and/or at the Awards and Grants Committee meeting. If there is sensitive information in the application or personal details you wish to be withheld, please advise.

These details are collected to inform the public about all funding applications which have been submitted to the Masterton District Council.

We, the undersigned, declare the following in submitting this application:

- 1. We have the authority to commit our organisation and/or ourselves to this application.
- 2. We have been duly authorised if an organisation.
- 3. We hereby declare that to the best our knowledge the information supplied here for this event is correct.
- 4. We authorise Masterton District Council to seek such information as may be needed to complete consideration of this application.
- 5. We undertake that we have obtained the consent of the other organisation/individual person to provide these details.
- 6. We consent to the Masterton District Council collecting the contact details provided, retaining, and using these details for the purpose of administering this grant.
- 7. We acknowledge your right to have access to this information, in accordance with the Privacy Act 2020.
- 8. We consent to our information being made available in the agenda on Council's website and at the public Awards and Grants Committee meeting on 4 September 2024.
- 9. We acknowledge that any decision made by the Masterton District Council is final.

ORGANISATION OR INDIVIDUAL (from section A. 2. of this application) Contact Name: Signature: Date: ADDITIONAL ORGANISATION CONTACT OR INDIVIDUAL Name: Position if additional Organisation contact: Email: Signature: Date:

If you have any questions about the Community Events Fund, contact Deanna Elwin, Grant Administrator by telephoning (06) 370 6272 or email deannae@mstn.govt.nz