

COMMUNITY WELLBEING GRANT 2024 APPLICATION FORM

BEFORE YOU START: please read the **Community Wellbeing Grant Information Sheet** to help you complete this form.

Have you applied for a Community Wellbeing Grant before?

Yes

☐

No

☐

If yes, has the Accountability Form been returned for the previous grant? Applications cannot be accepted until this is returned.

Yes

☐

No

☐

Please attach the following supporting documents:

☐
☐
☐
☐
☐

Project description

Bank verified account details (for the account to which any grant will be paid)

Latest annual accounts and last monthly financial statement

Relevant quotes to substantiate project costs

Any other information you wish to provide in support of your application (optional)

ⓘ Not providing supporting documentation may result in the return of your application.

Completed applications can be:

POSTED
TO:

PO Box 444,
Masterton 5840

DELIVERED
TO:

161 Queen Street,
Masterton

EMAILED
TO:

mdc@mstn.govt.nz

Please complete all sections of the application that apply below:

A. GENERAL DETAILS

Organisation name

Postal Address

Contact Person

Phone

Position

Email

Is your organisation a legally constituted society or trust?

Yes

☐

No

☐

Is your organisation registered for GST? Yes ☐ No ☐

If yes, please provide your GST No.

Bank Account Name

Bank Account Number

What was the balance in the organisation’s bank account as of 31 March 2024





How many people are involved in your organisation? Paid staff

Volunteers

What is the main purpose of your organisation? (please include the public service it provides)

B. INFORMATION ABOUT YOUR PROJECT

Please indicate below the wellbeing area(s) that your project will contribute to:

Wellbeing Area		Please tick
 Social	Masterton/Whakaoriori is a positive, strong, inclusive, and self-determining community with equitable opportunities for everyone.	
 Cultural	Masterton/Whakaoriori values the place and role of tangata whenua and is proud of our cultural identity and heritage.	
 Environmental	Masterton/Whakaoriori has rivers we can swim in and drink from, clean air to breathe, green and blue spaces that we can enjoy and share with future generations.	
 Economic	Masterton/Whakaoriori has a strong, sustainable economy that supports our people and places.	



Please attach a one-page description of your project which includes:

- | | |
|--|---|
| <input type="checkbox"/> What the project is | <input type="checkbox"/> When it will take place |
| <input type="checkbox"/> Why is it important to our community | <input type="checkbox"/> Whether you are working with other Organisations |
| <input type="checkbox"/> How will it contribute to the wellbeing area(s) indicated above | <input type="checkbox"/> Who it will benefit (including how many) |

C. FUNDING REQUESTED

How much funding are you requesting from Masterton District Council's Community Wellbeing Grant for this project? (excluding GST)

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

D. PROJECT COSTS

Please tell us about the costs, income and organisation contributions for this project.

[illegible]

E. OTHER FUNDING YOU HAVE APPLIED FOR OR ARE GOING TO APPLY FOR

FUNDER	AMOUNT REQUESTED	AMOUNT RECEIVED	RESULT DATE

F. DECLARATION AND CONSENT

*This must be signed by **two** people, one of whom is listed on the first page of this application form.*

The information you have provided on this form is needed so that your application for funding can be processed. These details are collected to inform the public about all funding applications which have been submitted to the Masterton District Council.

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

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

1. We have the authority to commit our organisation to this application.
2. We have been duly authorised by our organisation.
3. We hereby declare that to the best of our knowledge the information supplied here for this project, 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 contact 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 any of the application information being made available in the Agenda on the Council's website, at the Council's office 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.

Name of Contact Person
(from page 1 of this application)

Signed

(Enter your name in this box to accept
and sign this declaration)

Date

Name of Additional Contact Person

Position

Email

Signed

(Enter your name in this box to accept
and sign this declaration)

Date

If you have any questions about the Community Wellbeing Grant, please email the Grant Administrator, Deanna Elwin; deannae@mstn.govt.nz

MSTN.GOV.T.NZ

 @MastertonDC

TE KAUNIHERA A-ROHE O WHAKAORIO

MASTERTON
DISTRICT COUNCIL