



COMMUNITY WELLBEING GRANT

APPLICATION FORM

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

Have you applied to the Community Wellbeing Grant before? YES NO
If **yes**, have you returned your Accountability Form? YES NO

Please attach the following supporting documents:



- Bank verified account details (for the account to which any grant will be paid)
- Latest annual accounts & latest monthly financial statement
- Project description (as per question 11)
- Relevant quotes
- Any additional information you wish to provide in support of your application (optional)

ⓘ *Not providing supporting documentation may result in your application being returned to you.*

Completed applications can be:

POSTED TO: PO Box 444, Masterton 5840 DELIVERED TO: 161 Queen Street, Masterton 5810 EMAILED TO: admin@mstn.govt.nz

Please complete all sections of the application that apply. (Please do not bind your application)

A. GENERAL DETAILS

1. Name and contact details of organisation:

Postal Address:		Phone:	

2. Name of contact person for further information and to acknowledge this application:

Name:		Position:	
Email:		Phone:	

3. Is your organisation a legally-constituted society or trust? YES NO

4. Is your organisation registered for GST? YES NO GST No.

5. Bank account name and number

/ /

6. What assets (all bank accounts and investments) does your organisation hold as of 31 Mar 2021; or this date of / /20 [enter the date and year] \$

7. How many people are involved in your organisation?

Staff:	PAID	<input type="text"/>	VOLUNTEER	<input type="text"/>
Members:	INDIVIDUALS	<input type="text"/>	...and/or FAMILIES	<input type="text"/>





8. How many people receive your services each year?

Number:	INDIVIDUALS	<input type="text"/>	...and/or FAMILIES	<input type="text"/>
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9. What is the main purpose of your organisation? *(Include the public service it provides)*

B. INFORMATION ABOUT YOUR PROJECT

10. Please indicate the wellbeing area(s) that your project will contribute to:
(Please refer to the Community Wellbeing Grant Information Sheet for more detail about these wellbeing areas)

WELLBEING DEVELOPMENT AREA (PLEASE TICK)			
 Social	 Cultural	 Environmental	 Economic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please attach a description of your project including:

- | | |
|---|---|
|  | <input type="checkbox"/> What you are going to do |
| | <input type="checkbox"/> Why it is important |
| | <input type="checkbox"/> How it will contribute to the primary area of wellbeing you have indicated above |
| | <input type="checkbox"/> Who the project will benefit (including number) |
| | <input type="checkbox"/> When it will happen |
| | <input type="checkbox"/> Whether you are working with other organisations |

D. DECLARATION AND CONSENT UNDER PRIVACY ACT 1993

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 required so that your application for funding can be processed. 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 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 to this application and we have been duly authorised by our organisation.
2. We hereby declare that to the best of our knowledge the information supplied here on behalf of our organisation, for this project, is correct and we authorise Masterton District Council to seek such information as may be required to complete consideration of this application.
3. We undertake that we have obtained the consent of the other contact person to provide these details.
4. We consent to the Masterton District Council collecting the personal contact details provided above, retaining, and using these details for the purpose of administering this grant.
5. We acknowledge your right to have access to this information. This consent is given in accordance with the Privacy Act 2020.
6. We consent to our organisation, a summary of our project and the grant amount sought being made available in the agenda for the public Awards and Grants Committee meeting which will be available on council's website, at the council's office and at the meeting.
7. We acknowledge that any decision made by the Masterton District Council is final.

ORGANISATION CONTACT (from section A. 2. on page 1 of this application):

Name:		Position:	
Signature:		Date:	

ADDITIONAL DECLARATION NAME:

Name:		Position:	
Email:		Telephone:	
Signature:		Date:	

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