

Community Pride and Vibrancy Fund

Form Preview

Purpose

The Community Pride and Vibrancy fund seeks to support community opportunities to create pride and vibrancy in Central Hawke's Bay. The fund support projects that are an activity, programme or development that will occur in a public space and promotes our Community to **THRIVE**.

Successful application's will result in outcomes that support our communities' identity, attract people's interest, inspire and engage people and overall, contribute to a sense of community.

Applications to the fund may not always be monetary and could include the provision of materials, labour or other support.

Applicant Details

* indicates a required field

General Details

Name of Organisation: *

Organisation Name

Organisation Address:

Address

Organisation Phone Number

Must be a New Zealand phone number.

Organisation Email

Must be an email address.

Primary Contact Person

First Name

Last Name

Primary Contact Position

Community Pride and Vibrancy Fund Form Preview

Primary Contact Mobile Phone Number

Must be a New Zealand phone number.

Primary Contact Email

Must be an email address.

Organisation Details

What is your organisations legal status?

If a registered charity, please supply your charities commission registration number.

Must be a number.

If you do not have a legal identity, please explain why.

Eg Individual or informal group.

Give a brief summary of what your organisation does

Details of your project, event or activity

Details

What is the project, event or activity you are seeking funding or resourcing for?

Please give a brief description including where and when your project, event or activity will take place.

Start Date - if applicable

Must be a date.

Community Pride and Vibrancy Fund

Form Preview

End Date - if applicable

Must be a date.

How will your programme, event or activity add to a sense of pride and vibrancy in your community?

Will the provision of this project, event or activity resolve a local issue facing the community?

- Yes
 No

If yes, please describe.

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

4. Does your project, event or activity link to the Community Planning in your area?

- Yes
 No

If yes, please describe.

5. Tell us about the key people and/or community involved.

6. How many participants do you estimate will participate in your project, event or activity.

Community Pride and Vibrancy Fund

Form Preview

Must be a number.

Attached supporting documents including letters of support for your project, event or activity

Attach a file:

Please indicate how you intend to fund this project?

How will your group contribute financially to this project?

\$

Please list the costs \$ for this project.

Eg: Sponsorship/ Fundraising, User Fees, Grants, Funds Spent, Funds Earmarked etc			
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Total Project Cost

\$

This number/amount is calculated.

What is the total budgeted cost (dollars) of your project?

Total Amount Requested from the Community Pride and Vibrancy Fund

\$

This number/amount is calculated.

What is the total financial support you are requesting in this application?

Please upload your latest financial statements (If applicable)

Attach a file:

If you are a formal group or organisation, are you registered for GST?

- Yes
 No

If yes, write your GST number here:

Must be a number.

Community Pride and Vibrancy Fund

Form Preview

Further Information

Are you applying for other funding assistance for this project?

- Yes
 No

If Yes please list below

If yes, what other funding have your applied for?

Funder	Funding Applied For
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total Amount of Funding Applied For

\$

This number/amount is calculated.

Total Amount of Funding Received

\$

Must be a dollar amount.

Declaration

* indicates a required field

I/We hereby declare that the information supplied in all section of the application are true and correct to the best of my/our knowledge.

I/We have the authority to commit our organisation/group to this application to the Central Hawke's Bay District Council Community Pride and Vibrancy fund.

In addition

All reasonable information has been provided to support our application

I/We will forward a report on the success of the project to Central Hawke's Bay District Council no later than 2 months after completion of the project, event or activity.

We understand that Central Hawke's Bay District Council is bound by the Local Government Official Information and Meetings Act 1987

Community Pride and Vibrancy Fund Form Preview

I/We consent to it recording the personal contact details provided in this application, retaining and using these details.

I/We understand that our name and brief details about the project, event or activity may be released to the media or appear in Council documentation.

I/We undertake that we have obtained the consent of all people involved to provide these details. We understand that we have the right to have access to this information

This consent is given in accordance with the Privacy Act 1993.

Declaration *

I agree with the above declaration

Person 1: Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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By completing

Position

Person 2: Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position