Horizons Regional Council Community Grants Application Form

Applicant Details

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Contact name of applicant:	
Name of organisation:	
Type of organisation: Incorporated Society Charitable Trust Educational facility (School/ECE/etc) Local community group Other	Details:
Is your organisation GST registered?	☐ Yes ☐ No If yes, please state your GST number:
Organisation's objectives:	
Contact phone number(s):	
Email address:	
Website address:	
Postal address:	
Physical address:	

Ruapehu		
☐ Wanganui		
Rangitikei		
☐ Tararua		
☐ Manawatu		
Horowhenua		
☐ Palmerston North		
How did you hear about Horizons Community Grants Programme?		
Newspaper	☐ If so which one?	
Online/ website	☐ If so which one?	
Friend/ Colleague		
Other	☐ Please explain	
-		
Other		
Other Application Details		
Other Application Details Name of project: What are the objectives of the project?		

End date of project:			
Location of project:			
How will this project benefit the Horizons Region?	environment, involve the community and enhance the		
Are there any other partners in this project?	☐ Yes ☐ No If yes, please describe how they are involved		
Has Horizons provided funding for this project in the past?	☐ Yes ☐ No If yes, please list previous funding received.		
Please list all funding received from charitable trusts and territorial authorities over the past 24 months.			
Budget			
What is the total budget for \$ the project?			
What is the total amount (GST excl) that you are seeking from this application? Please note there is a limit of \$7,500 per application received.			

What does this funding include?		
Activity D	escription	Cost
Please attach quotes if relevant		
Promotion and Eva	luation	
Are there opportunities for	☐ Yes ☐ No	
Horizons staff or councillors to take part in the project?	If yes, please explain:	
Are there experturities to	☐ Yes ☐ No	
Are there opportunities to involve local media?		
	If yes, please explain furthe	:1
How will you evaluate the success of the project?		

Is there any other information you believe is relevant to support your application?
Payment Details
☐ Direct Credit Details:
Bank:
Account Name:
Account Number:
Please attach evidence of your bank account details i.e. deposit slip. Attached
☐ Cheque Details:
Name to be written on cheque:
Postal Address:

Checklist

I have completed all sections of the application
I have attached evidence of bank account details (if ticked via direct credit)
I have attached copies of quotes where applicable to match the breakdown of costs
I have attached evidence of landowner's permission where applicable

Applicant's Obligations

If your application is successful you agree and acknowledge on behalf of your organisation or group the following:

☐ I agree to invoice Horiz	cons Regional Council for the full amount by the en	d of May 2018.
	the sponsorship amount and any products or servi	
	back about the activity to the relevant Community (vailable within a timeframe of one month following	
informed them of this a	behalf of an organisation, group or other entity I capplication and will provide acknowledgement of the e. on official letterhead or alternative official means	nis sponsorship via
	carried out on land not owned by the applicant I come the landowner to carry out planned activity.	nfirm that I have
	Health and Safety Plan if required. If I'm unsure as Horizons Regional Council to discuss before any w	
Name	Organisation	
Signature		