



# **Ngā Wai Ora o te Whangaehu** COMMUNITY PROJECT APPLICATION

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# APPLICANT DETAILS

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*Additional documentation can be provided by applicant if insufficient space available in application form.*

**CONTACT NAME OF APPLICANT:** .....

**NAME OF ORGANISATION:** .....

*(if applicable)*

**TYPE OF ORGANISATION:**

- |  |  |
|--|--|
| <input type="checkbox"/> Incorporated Society                  | <input type="checkbox"/> Local community group |
| <input type="checkbox"/> Charitable Trust                      | <input type="checkbox"/> Iwi                   |
| <input type="checkbox"/> Educational facility (School/ECE/etc) | <input type="checkbox"/> 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:

# HOW DID YOU HEAR ABOUT THE NGĀ WAI O TE WHANGAEHU COMMUNITY PROJECTS PROGRAMME?

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**NEWSPAPER**

If so which one? .....

**FRIEND/ COLLEAGUE**

**OTHER**

Please explain

**ONLINE/ WEBSITE**

If so which one? .....

## APPLICATION DETAILS

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**NAME OF PROJECT:** .....

What are the objectives of the project?

Please provide details of your funding request:

Start date of project: .....

End date of project: .....

Location of project: .....

How will this project enhance the Whangaehu awa?

How will this project engage the community?

Who will be involved with the project?

Please outline how your project will become self supporting without on-going financial contributions.

Demonstrate how the outcomes of the project would be maintained in the future.

Is this application supported by the wider community? *(please attach letters of support if applicable).*

Has funding for this project been provided in the past?  Yes  No

If yes, please list previous funding sources for this project over the past 24 months.

Please attach a project plan and timeline.

If you require any advice on planting timeframes and species available please contact Horizons Regional Council's Freshwater Team **0508 800 800**

## **BUDGET**

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### **WHAT IS THE TOTAL BUDGET FOR THE PROJECT? \$**

*(include contributions from landowners or other funding sources, please identify the source and \$ amount)*

What is the total amount (GST excl) that you are seeking from this application? \$ .....

What does this funding include? *(Please specify components of project seeking funding including administration costs).*

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Activity	Description	Cost
Yr 1		

Please attach quotes if relevant

## PROMOTION AND EVALUATION

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Are there opportunities for other community groups to take part in this project?

Yes  No

If yes, please explain:

Are there opportunities to involve local media?  Yes  No

If yes, please explain further.

How will you evaluate the success of the project?

Is there any other information you believe is relevant to support your application?

## CHECKLIST

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- I have completed all sections of the application.
- I have attached copies of quotes where applicable.
- I have attached evidence of landowner's permission where applicable.

## APPLICANT'S OBLIGATIONS

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

- I agree to ensure that the sponsorship amount and any products or services received as part of the sponsorship will be used solely for the activities specified in this application and for no other purposes.
- I agree to provide a brief report about the activity to Horizons Regional Council and provide photos if available within a timeframe of one month following the sponsored activity.
- If this application is on behalf of an organisation, group or other entity I confirm that I have informed them of this application and will provide acknowledgement of sponsorship receipt via the entity supported (i.e. on official letterhead or alternative official means).
- If the project is being carried out on land not owned by the applicant I confirm that I have sought permission from the landowner to carry out planned activity.

NAME: .....

ORGANISATION: .....

SIGNATURE: .....

DATE: .....







