

Golden Bay Community Board Discretionary Fund

Form Preview

Application Details

* indicates a required field

Organisation Details

Applicant Details

☐ Individual ☐ Organisation

Organisation Name

First Name

Last Name

Please complete

Applicant Incorporated Society Number (NZBN) if applicable

The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.

New Zealand Companies Register Information
NZBN
Entity Name
Registration Date
Entity Status
Entity Type
Registered Address
Office Address

Must be formatted correctly.

Find your organisation's NZBN number here: <https://is-register.companiesoffice.govt.nz/>

Applicant NZ Charity Registration Number if applicable (CRN)

The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

New Zealand Charities Register Information
Charity Registration Number
Organisation Name
Other Names
Status
Street Address
Postal Address

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Telephone

Fax

Email

Website

Date Registered

Must be formatted correctly.

Find your charity's number here: <https://register.charities.govt.nz/CharitiesRegister/Search>

Contact Details

This is the person we will contact if we have any queries about the application.

Name *

First Name

Last Name

Email Address *

Must be an email address.

example@example.com

Phone Number *

Must be a New Zealand phone number.

Physical Address

Address

Any, but at least one field is required.

Postal Address

Address

Any, but at least one field is required. Country must be New Zealand

Applicant Bank Account

Applicant Bank Account

Account Name

Account Number

Must be a valid New Zealand bank account format.

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Bank deposit slip or other official printed document showing bank account name and number

Attach a file:

All new applicants must provide bank confirmation details

Is your organisation GST registered?

- ☐ Yes
☐ No

If yes, please provide your GST number

What is the purpose of your organisation?

Word count:

Must be no more than 250 words.

Project Details

* indicates a required field

Project Details

Project Title *

Must be no more than 250 characters.

Project Start Date

Must be a date.

Project End Date

Must be a date.

Summary - Brief project description *

Word count:

Must be no more than 100 words.

Describe your project in one or two sentences.

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Who is your target audience in Golden Bay?

Describe the people or groups in the community who will benefit and how many individuals do you expect to reach?

Details of the project to be funded

Budget

* indicates a required field

Who is involved?

How many volunteers in total will be involved in this project?

Must be a number.

On average, how many hours will each volunteer contribute to the project?

If volunteers will contribute different amounts, you can provide a range or the total combined volunteer hours.

What in-kind support has your group received or will receive for this project?

Please list any goods, services or resources that have been donated.

What is the estimated value of this in-kind support?

Must be a dollar amount.

Provide an approximate dollar value for the contributions to give us an understanding of their impact.

Income and Expenditure for the proposed project

Income	Income Category	Income Amount
List all income (e.g. ticket sales, grants and sponsorship you have already received this project).	Please select from the dropdown list	Must be a dollar amount.

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Expenses

List all expenses for the proposed project (quotes to be attached below).

Expense	Expenditure Category	Expense Amount
	Please select from the dropdown list	Must be a dollar amount.

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenses Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.
This should be a negative number showing that income is less than expenses.

If your expenses are lower than your income or your Financial Statement shows a positive income/balance, please explain why you are requesting funding?

Please provide supporting documents below

Requested funding

How much funding are you applying for? *

Must be a dollar amount.

Supporting Documents

Upload any supporting documents here, e.g. quotes, supporting letters, financial report etc.

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Attach a file:

Declaration

* indicates a required field

If the application is successful we agree to: *

- ☐ return the Acquittal form.
- ☐ participate in any funding audit of our organisation or project conducted by or on behalf of Tasman District Council.

Authorised Signatory

First Name

Last Name

The signatory personally represents and warrants that they have the right, power and authority to sign this application form on behalf of the applicant. Electronic signatures are acceptable.

Position (if relevant)

Authorised Signatory

First Name

Last Name

The signatory personally represents and warrants that they have the right, power and authority to sign this application form on behalf of the applicant. Electronic signatures are acceptable.

Position (if relevant)

Council's Privacy Policy applies to the collection, use and disclosure of personal information

[Read more here](#)