

Application No.  
Office Use Only

# MAJOR GRANTS

## Application Form & Conditions

**2010 -2013**

**Opens: 1 September 2009**

**Closes: 30 October 2009 at 4pm**

For further information and/or completed applications to:

Peter Grey  
Palmerston North City Council  
Phone: 06 356 8199 (extn: 7753)  
Email: [peter.grey@pncc.govt.nz](mailto:peter.grey@pncc.govt.nz)

## Conditions of Applications

Applications are subject to the following conditions:

- 1) Applications are to be delivered or mailed to:  
*Peter Grey – Projects Coordinator  
Palmerston North City Council*  
  
*Physical Address: Civic Administration Building, The Square, Palmerston North*  
*Postal Address: Private Bag 11034, Palmerston North*
- 2) Applications must be submitted using the PNCC Major Grants Application Form.
- 3) Applicants will receive a letter confirming that their application has been received.
- 4) Applicants will be notified as soon as possible of decisions.
- 5) Late Applications will not be accepted.
- 6) Applications that do not provide all information requested, or are unclear or illegible in part, are liable for rejection at the sole discretion of the Council.
- 7) The Council reserves the right to change this request for application at any stage prior to acceptance of an application. Where any such change is made the Council will notify all applicants in writing and shall make such changes to the closing date for applications, as it considers appropriate.
- 8) The Council reserves the right to negotiate without restriction with any applicant after the close of applications on any matter contained in the application.
- 9) In the event that in the opinion of the Council and at the Council's sole discretion, none of the applications submitted are eligible, the Council reserves the right to enter into further negotiations with one or more of the applicants. The Council will exercise this right only after notification to all applicants that their application has been unsuccessful. This clause does not restrict the Council's right to negotiate as provided for in Clause 7.
- 10) Applicants may be required to give a short presentation in support of their application, at a date and time mutually agreed between the Council and the Applicant.
- 11) Each Applicant will be notified in writing of the acceptance or rejection of their application. No application shall be deemed to be accepted or rejected until the Council has notified the Applicant.
- 12) Both parties shall keep strictly confidential the terms of this application and any information obtained in connection with this application. No information shall be divulged to a third party without prior written consent of the other party. The applicant acknowledges that the Council's obligation under this clause is subject to the requirements imposed on the Council by the Official Information Act.
- 13) The Applicant must meet any costs to the Applicant, associated with the preparation of this application.
- 14) Applications are submitted on the basis that no binding legal relations with the Council are created unless, and until, a contract between the parties is executed.
- 15) Successful applicants will be expected to be registered with the Charities Commission before funding agreements are signed off.
- 16) No further negotiations will be entered into after the Council's final decision.

- 17) Successful applicants will be required to report based on agreed monitoring outcomes set out in their funding agreement.

### CHECK LIST OF SUPPORTING INFORMATION REQUIRED:

Please Tick	Supporting Information	Applications which require this info:
	Proof of your organisation's legal status	All
	Identified key contact person	All
	Outline of future funding plan beyond this funding period	All
	Copy of budget covering year 1 of this funding period	All
	Business and/or programme plan covering the three year period	All
	Other evidence supporting this application	All
	Previous audited accounts by a chartered accountant	All
	Management Structure	All
	Description/diagram that represents the relationship between your organisation and the wider community	All
	Outline of key stakeholder partnerships	All
	Detailed description of contribution to Community Outcomes	All
	How the contribution to Community Outcomes will be measured	\$30,000 or more
	Description/diagram of the relationship between the governance structure of your organisation, and its management and operations	\$30,000 or more
	Evidence of matching funding as per PNCC Funding policy criteria	\$30,000 or more
	Information on relevant practice policies and/or procedures. For example: Conflict of interest	\$30,000 or more
	Governance Structure	\$30,000 or more

### If applying for salary costs also include:

	Outline benefits for your organisation of this role	All
	Job description and standard employment agreement and conditions including health and safety	All
	Reporting and management lines for this role	\$30,000 or more

**SECTION A: Applicant Details**

TO PROVIDE US WITH CONTACT INFORMATION FOR YOUR ORGANISATION:

**A1.** Name of your organisation: \_\_\_\_\_

**A2.** Your organisations details:

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website address: \_\_\_\_\_

**A3.** Key contact people:

Main Contact Person: \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Physical Address: *(if different from above)* \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Management contact person: \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**A4.** If you are applying for \$30,000 or above please also supply the following details:

Governance contact person: \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## SECTION B: Eligibility Requirements

TO CONFIRM THAT YOUR ORGANISATION MEETS THE ELIGIBILITY REQUIREMENTS OF THIS GRANTS SCHEME

**B1.** What is your organisation's legal entity? *(please tick)*

INCORPORATED SOCIETY, registered under the Incorporated Societies Act 1908

REGISTERED CHARITABLE TRUST, registered under the Charitable Trusts Act 1957

OTHER: please specify legal status if different from those listed above, please ensure you check/clarify your eligibility status

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**B2.** What is your Charities Commission registration number? \_\_\_\_\_

**B3.** What is the registered name of your organisation? \_\_\_\_\_

**B4.** Is your organisation GST Registered?  Yes  No

If Yes, put your GST number in here:

**B5.** Does your organisation have its accounts audited each year?

No go to B6.

Yes If yes, what is your financial year? \_\_\_\_\_

*Attach the Audited Accounts for the **last** financial year, **including** the Auditor's report.*

*If the most recent set of Audited Accounts are more than six months old at the time of applying, please also enclose the most recent monthly Treasurer's or finance report, recording revenue and expenditure since the last audited accounts.*

**B6.** Attach a statement of current financial position; and,

A declaration, signed by two signatories of your organisation, attesting to the accuracy of the financial update included.

## SECTION C: The Service/Programme/Work Position/Role Proposed

TO IDENTIFY THE AIMS, OUTCOMES AND BENEFITS OF THIS SERVICE/PROGRAMME OR ROLE WITHIN YOUR COMMUNITY:

*Note: Please write answers on a separate sheet and label with appropriate question number.*

- C1.** a) Where will your service/programme or role be located?  
b) Which communities/ demographic groups will be involved?



*Please attach answers on separate sheet and label C1 a); b)*

- C2.** Why is there a need for this service/programme or role in your community at this time?

*Please attach any additional evidence from research you have carried out and/ or data gathered that demonstrates the needs within your community, or that profiles your community, indicating the issues and needs within it. Please label this C2.*

- C3.** What is the overall aim or purpose of your service/programme or role over the next three years?

*Attach a job description if applying for salary. Please label this C3.*

- C4.** How will people in your community know about and become involved in your service/ programme or role?

- C5.** Do you have any other organisations or service partners involved in this proposal at this stage?

Yes Please provide details of who they are and how they will be involved

No How will you let other organisations or potential partners know about your service/programme and involve them in it?

*Attach any supporting documents providing evidence of community support for this service/programme. This may include the minutes of any meetings or consultation processes undertaken in the community prior to lodging this application, for example.*

*Note that if any letters of support are presented with this application, they should be specific to the service/programme proposed.*

- C6.** What are the expected outcomes of your organisation service/programme or role over the next 3 years?



*Please attach answers on separate sheet and label C6*

- C7.** Palmerston North Community Outcomes are based on extensive community consultation and indicate the things that are important to the people of Palmerston North.

These are listed on the table below in no value based order.

Please tick the main outcomes that your proposed service/programme will have an impact on, and outline how this will happen for a three year period.

*Please note if your organisation is applying for:*

*\$5,000 to \$30,000 – Detail programmes/projects over three years*

*More than \$30,000 – As above but include how this will be measured, and attach any supporting evidence*

<b>Community Outcomes</b>	<b>Tick</b>	<b>Impact of proposed service/programme over three year period</b>
People have lots of fun things to do		
People feel safe		
Businesses grow here and people have lots of job opportunities		
People can move easily around Palmerston North		
Palmerston North's physical infrastructure is reliable		
Palmerston North is attractive, clean and green		
The community is supportive and people and organisations work together		
People are well-housed and healthy		
People have lots of learning opportunities		

- C8.** What is the proposed budget (excluding GST) for your service/programme or role for Year 1 of this funding period?

*Please attach detailed budget including both income and expenditure*

What percentage will this application be to your total funding needs for this proposed service/ programme or role? \_\_\_\_\_

## SECTION D: About your organisation

### WHY YOUR ORGANISATION SHOULD BE SUPPORTED:

*Note: Please write answers on a separate sheet and label with appropriate question number.*

- D1.** What experience does your organisation have in delivering services/programmes within or on behalf of the community?

*Please tell us about the strengths and achievements of your organisation, including your networks and relationships within the community that this service/programme targets.*

- D2.** How does your organisation work and where will this service/programme/role “fit” within your organisation?

*Please include:*

- 1. Numbers of paid and volunteer staff and their hours.*
- 2. A diagram that represents the relationship between your organisation and the wider community. Please include any key relationships, stakeholders, support and advisory structures you propose to work with or establish, to support this service/programme.*

#### **If your organisation is applying for \$30,000 or more please provide:**

*as above, plus a diagram that represents the relationship between the governance structure of your organisation, its management and operations. Please identify where this service/programme will be located within this. It would be extremely helpful if this diagram also indicates the reporting relationships.*

- D3.** Are any of the trustees or members of your governance structure also employed as staff?

No

Yes If yes, please provide details of who they are and which positions they hold

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Will this service/programme involve close family members, relations or other close associates of your organisation?

No

Yes If yes, please provide details of who they are and which positions they hold

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**If you organisation is applying for \$5,000 to \$30,000 please provide:**

*If you do not have established policies and/or procedures for conflict of interest situations, please describe how you manage any conflicts of interest arising from situations described in D3.*

**If your organisation is applying for \$30,000 or more please provide:**

*Copies of the conflict of interest policies and procedures for people at the governance, management and employee levels of your organisation.*

**D4. Please describe the financial systems and controls proposed for this service/programme**

Who will be the signatories to cheques for this service/programme?

Name \_\_\_\_\_

Position in Organisation: \_\_\_\_\_

Name: \_\_\_\_\_

Position in Organisation: \_\_\_\_\_

Name \_\_\_\_\_

Position in Organisation: \_\_\_\_\_

Name: \_\_\_\_\_

Position in Organisation: \_\_\_\_\_

**D5. If this application is for salary costs, please provide:**

- *a copy of any relevant policies or procedures your organisation uses to support its employees; and*
- *a standard employment agreement for your organisation, or a draft employment agreement for this position if available*

## D6. Referees

Please identify two key people within your community that Palmerston North City Council may contact to discuss your organisation and this service/programme proposal.

### Referee 1:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Referee 2:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## SECTION E: Declaration for your organisation

### E1. Declaration

The details in all sections of the Application are true and correct to the best of my knowledge.

I have the authority to commit my organisation to this Application to the Palmerston North City Council.

I understand and agree that, prior to the granting of any funds, the Palmerston North City Council (the Council) may make further checks in relation to credit worthiness of my organisation and with the referees identified.

I understand that the Council may disclose to, or obtain from, any government department or agency, private person or organisation, any information about my organisation for the purposes of gaining or providing information related to my organisation.

In addition:

- a) The Council will be advised of any significant change to our finances between the date of this Application and the date of the decision-making.
- b) We have the following in place:
  - Two signatories to all our bank accounts
  - A current cashbook or equivalent

- A treasurer
- A spreadsheet/journal that tracks different funding sources
- Regular feedback reporting to every full meeting of our governing body

c) All reasonable information has been provided to support our application.

**Signatory 1:**

Name: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Signatory 2:**

Name: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_