

# Emergency Grant Application

## Form Preview

### Small Grants Fund

\* indicates a required field

The Community Development Small Grants Fund is to provide funding for essential administration expenses to enable local communities and for-purpose organisations to operate. It is open to local communities and for-purpose organisations based in Palmerston North and primarily providing a service, activity, or project to Palmerston North residents.

The application and allocation process is administered by Te Pū Harakeke on behalf of the Palmerston North City Council.

If you have questions please contact the Te Pū Harakeke team at [smallgrants@tepuharakeke.org.nz](mailto:smallgrants@tepuharakeke.org.nz) or call 06 354 3809.

### Group details

**Name of group \***

Organisation Name

**Physical address**

Address

  

**Postal address**

Address

  

**Phone \***

Must be a New Zealand phone number.

**Email \***

Must be an email address.

**Website or social media**

### Contact person

**Name \***

First Name

Last Name

**Position in organisation**

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**Phone \***

Must be a New Zealand phone number.

**Email \***

Must be an email address.

### Secondary Contact

**Name \***

First Name

Last Name

**Position in Organisation**

**Email \***

Must be an email address.

**Phone Number \***

Must be a New Zealand phone number.

### Group status

Most groups we fund are independent legal entities such as Charitable Trusts or Incorporated Societies. Groups without a formal legal structure may apply under an umbrella organisation who agree to receive and administer the funds on their behalf. A representative of the umbrella organisation will need to fill out the **Umbrella Organisation Consent** section below.

**Does your group have a formal legal status? \***

Yes

No

### Legal status

Some questions in this section may not apply to your group. If so, just leave them blank.

**What is your group's legal structure?**

Incorporated Society

Charitable Trust

**GST number (if applicable)**

**Charities Services registration number (if applicable)**

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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                             |
| Telephone                                  |
| Fax  |
| Email                                      |
| Website                                    |
| Date Registered                            |

Must be formatted correctly.

### **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                             |

### **Umbrella organisation consent**

An umbrella organisation is an established legal entity that is willing to receive and administer the grants made to unregistered groups.

The roles and responsibilities of an umbrella organisation are:

- To receive and hold the grant on behalf of a community group.
- To pay out the funds as required by the community group.
- To pay out the funds in line with the purpose of the project for which funding was awarded.

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- To endorse accountability reports on the project.
- To repay any unspent funds to the Te Pū Harakeke.

If you have questions please contact [smallgrants@tepuharakeke.org.nz](mailto:smallgrants@tepuharakeke.org.nz) or call 06 354 3809.

**Name of umbrella organisation \***

Organisation Name

**Address**

Address

  

**Contact person \***

First Name

Last Name

  

**Phone \***

Must be a New Zealand phone number.

**Email \***

Must be an email address.

**GST number (if applicable)**

**Charities Commission registration number (if applicable)**

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                             |
| Telephone                                  |
| Fax  |
| Email                                      |
| Website                                    |
| Date Registered                            |

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Must be formatted correctly.

### 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.

### The umbrella organisation contact person named above must agree to the following \*

- I agree to act for the applicant group in receiving and monitoring the use of a grant from the Community Development Small Grants Fund
- I understand the description of the roles and responsibilities of an umbrella organisation as described above.
- I have authority to commit to this role on behalf of this umbrella organisation.

At least 3 choices must be selected.

### Small Grants Fund criteria

The Community Development Small Grants Fund will prioritise services, activities, or projects that demonstrate these factors:

- contribute to outcomes to achieve goal 2, 3 or 4 of [City Council's strategic direction](#),
- have a need for administrative support, and
- do not receive other forms of operational funding and support from Council

### Please identify the Council funding priorities that your proposal will contribute towards:

- Goal 2: He tāone whakaihiihi, tapatapahi ana / A creative and exciting city
- Goal 3: He hapori tūhonohono, he hapori haumarū / A connected and safe community
- Goal 4: He tāone tautaiāo / An eco-city

### Group details

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**Please give a brief description of your organisation and the work you do: \***

Word count:  
Around 200 words.

**Is this grant to cover an unexpected cost or loss of revenue? Please explain:**

Word count:  
Must be no more than 200 words.

**Does this cost or loss of revenue threaten the continued viability of your organisation? Please explain:**

Word count:  
Must be no more than 200 words.

**Is there any other future income expected that might alleviate your need for this grant? When do you expect to receive this?**

Word count:  
Must be no more than 200 words.

## Financial details

The maximum amount you can apply for is \$5000.

**How much are you requesting from the Small Grants Emergency Fund?**

\$

Must be a dollar amount.  
Excluding GST

Please provide details of other pending grants you have applied for to cover this cost or loss of revenue

| <b>Funder</b> | <b>Amount requested</b>  | <b>Confirmed?</b> | <b>Expected response date</b>                        |
|---------------|--------------------------|-------------------|--|
|               | \$                       |                   |  |
|               | \$                       |                   |  |
|               | \$                       |                   |  |
|               | \$                       |                   |  |
|               | \$                       |                   |  |
|               | Must be a dollar amount. |                   | Enter approximate date if unknown<br>Must be a date. |

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### Expenditure

Please itemize the amount you are applying for in each of the following categories. Please exclude GST. Press (+) or (-) to add or remove rows. You can add other expenses, but they must be in line with the Community Development Small Grants Fund criteria.

| Item               | Last year's grant | Last year's expense      | This year's budget       | Amount requested         |
|--------------------|-------------------|--------------------------|--------------------------|--------------------------|
| Audit              | \$                | \$                       | \$                       | \$                       |
| Communication      | \$                | \$                       | \$                       | \$                       |
| Energy             | \$                | \$                       | \$                       | \$                       |
| Insurance          | \$                | \$                       | \$                       | \$                       |
| Volunteer Expenses | \$                | \$                       | \$                       | \$                       |
| Rent               | \$                | \$                       | \$                       | \$                       |
| Stationery         | \$                | \$                       | \$                       | \$                       |
|                    | \$                | \$                       | \$                       | \$                       |
|                    |                   | Must be a dollar amount. | Must be a dollar amount. | Must be a dollar amount. |

### Total requested amount

This should be the same as 'Amount Requested' above.

### Total Expenditure Amount

\$

This number/amount is calculated.

### Income/tagged money

Please outline other income or reserves that have been tagged for other purposes or projects that have not been spent yet.

| Item | Explanation | Amount |
|------|-------------|--------|
|      |             | \$     |
|      |             | \$     |
|      |             | \$     |
|      |             | \$     |
|      |             | \$     |
|      |             | \$     |
|      |             | \$     |
|      |             | \$     |

### Total tagged income amount

\$

This number/amount is calculated.

### Supporting documents

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### **Please upload your most recent audited/reviewed Statement of Service Performance / Financial Statements \***

Attach a file:

A minimum of 1 file must be attached.

This is the document you provide to Charities Services in your annual return.

### **Please upload a recent statement of income and expenses (profit & loss) for the current financial year. \***

Attach a file:

A minimum of 1 file must be attached.

This should be less than 3 months old.

### **Please upload a balance sheet, or a recent bank statement, or a screenshot of online banking - This must show the balances of all operating accounts \***

Attach a file:

A minimum of 1 file must be attached.

This should be less than 1 month old.

### **Please upload an operational budget for your current financial year \***

Attach a file:

A minimum of 1 file must be attached.

### **Please upload any other supporting documents you may wish to add**

Attach a file:

## Terms of agreement

### **You will only be bound by these terms if your application is successful.**

**1.** In accepting the offer of funding from the Palmerston North City Council (the Council), the applicant agrees to

- use the grant money for the expenses identified in the success letter
- return any unspent funds
- operate in an open and publicly transparent manner
- manage the funds in a financially prudent manner with full, up to date and accurate records
- keep invoices/receipts and a record of all expenditure for seven years
- participate in any funding audit of my organisation or event conducted by the Council
- contact the Council to let us know of any public event or presentation that is funded by us
- give permission for my/our name, brief details about the event, and the amount of the grant to be made available to the public

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- ensure that service delivery adheres to legislative requirements, including requirements under the Vulnerable Children Act 2014, Health and Safety Act 2015, and Employment Relations Act 2015
- complete and return a written report before the next funding round is available. I/we understand the information given in the project result form will be referred to if I/we apply for further funding
- notify the Council of any changes to office holders of the organisation, or changes to the organisation's address or other contact details, should this occur before I/we return the final report.

**2.** Palmerston North City Council shall not be liable for any loss or damage incurred or sustained by the applicant, or any of its employees, agents, contractors, customers or volunteers.

**3.** Representatives of both parties to this agreement will discuss any issues relating to the achievement or non-achievement of the expectations outlined in the agreement. If either party identifies any issues, such discussions will take place as soon as practical.

**4.** No alteration to, deletion from, or amendment to, any of the provisions of this agreement shall be binding on the parties unless both parties agree, and this agreement is recorded in writing.

**5.** Palmerston North City Council may terminate this agreement, with two months written notice, where it considers there are serious performance problems against the expectations outlined in this agreement.

**6.** In the event that the applicant fails to comply with these terms of agreement, Palmerston North City Council is entitled to terminate the agreement immediately. In the event of termination the applicant is required to repay the grant money to Palmerston North City Council.

**Do you accept the terms of agreement outlined above? \***

Yes

## Declaration

**You must agree to the below statements before submitting your proposal: \***

- I have authority to commit to the following conditions on behalf of the applicant group.
- I understand that the Palmerston North City Council is bound by the Local Government Official Information and Meetings Act 1987.
- I consent to Palmerston North City Council recording the details provided in this application and retaining and using these details for considering the application.
- I have obtained the consent of all people involved to provide any personal contact details in this application. I understand that I have the right to access this information. This consent is given in accordance with the Privacy Act 2020.
- I authorise Te Pū Harakeke to seek such information as they may require to complete the consideration of this application.
- I declare that the information provided in this application is correct and true to the best of my knowledge.

At least 6 choices must be selected.

**Your name \***

First Name

Last Name

