



RUAPEHU DISTRICT COUNCIL

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For Council Use

Pride of Place Fund Application

Applicant Details - Organisation

Organisation: _____

Postal Address: _____

1st Contact Person

2nd Contact Person

Daytime Phone: _____

Fax or Email: _____

Are you GST registered? Yes No

If yes, GST Number: _____

Is your organisation: An Incorporated Body An Unincorporated Body
 A Charitable Trust Other (please specify) _____

Where is your organisation based? _____

Project Details

Describe in detail the project and purpose for which funding is sought: (attach separate sheet if necessary)

What area does your project cover? (i.e. Geographic area, ward, community. Include map if possible.)

Start date of project: _____ Finish date of your project: _____

Have you sought advice or assistance in planning the project? Yes No

If yes, please provide details of agency and/or contact person.

Financial Details

List the full income and costs of your project (List each part of the budget, not just a total figure).
If registered for GST, do not include GST in the budget.

Income	\$	Costs	\$
Cash in hand towards project	_____	_____	_____
Cash sponsoring	_____	_____	_____
Other grants	_____	_____	_____
Intended fundraising	_____	_____	_____
Other (specify)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Your Contribution is _____ **Total Cost of Project is:** _____

How much funding are you applying for in this application?
 (Project Costs less Project Income) \$ _____

List any other organisation you have applied to (or intend applying to) for funding this project:

Organisation	Amount Applied For	Approved / Declined / Pending

Non-Financial Contributions

Give details of any donated materials/services (e.g, professional services, paint, timber, lighting, etc)

What is the estimated number of volunteers hours involved in this project?

Declaration

I/We confirm that all details contained in this application are true and correct and that I/we am/are authorised to make this declaration. I/We further understand that, if this application is successful, I/we must complete a Certificate of Expenditure form upon completion of the project.

I/We agree to conform to any regulations which Council notifies us of.

(Note: the persons signing here on behalf of an organisation should be the same contact persons as on page 1 of this application).

1st Contact Person

2nd Contact Person

Name (Individual/Organisation):

.....

.....

Signature:

.....

.....

Position Held:

.....

.....

Date:

.....

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Checklist

Please Check:

- Are all questions answered?
- Do your figures add up?
- Have you attached any additional information that may assist your application?
- Have you kept a copy of this application for your future reference?

Items which must be included in this application:

- Certificate of Incorporation or other similar certificates for your organisation.
- Deposit slip for bank account details.