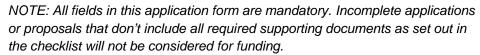
Long Term Plan Grant Proposal





Community groups are invited to put forward their proposals for funding - applications open **14 August** and will close at **5pm 2 October 2017**.

You can also apply online at www.mpdc.govt.nz.

1.	Applicant detail	S				
Na	ame of applicant:					
Name of contact person:						
Er	nail:					
Р	ostal address for co	prrespondence:				
Postcode:		Phone:				
2.	Talking to our 0	Councillors				
ре		ride applicants with the opportunity to present their proposals in er 2017. Please let us if you would like to take advantage of this a box below.				
] Yes	□ No				
3.	Organisation de	etails				
	iefly describe your eets Council's polic	organisation, the community service that it provides and how it cy criteria.				
_						
_						
_						
Νι	umber of paid empl	oyees:Number of volunteers:				
		ation's primary source of funding? e.g. grants, donations, fees o ent funding				



ls y	our organi	isation a registered Incorporated Society?	
	Yes	Incorporation Number:	☐ No
ls y	our organi	isation a registered Charity?	
	Yes	Charities Registration Number:	☐ No
4.	Project d	details	
	vhich area Matamata	will the project take place? (Tick all that apply) a	
		activities or project your organisation is requesting funding olicy eligibility criteria.	for and how
Cou		any details about proposed projects timeframes, budgets, s sufficient information to understand the scope, timing and	=
		your organisation will contribute to your proposal for funding through volunteer time or other.	ng, either

Describe how your activities or project contribute to one or more of Council's Outcomes for the Community (Refer to the Policy for a full list of outcomes).
Describe how your project or organisation benefits the community.
Amount requested (excluding GST): \$
Please attach a breakdown of your funding needs, including your budget and other sources of funding.
5. Supporting information
Have you previously been given assistance by Council or other agencies for this or a similar project? Yes No
If yes, please supply details, who, when and what type of assistance.
6. Declaration
I declare that I have the authority to make an application on behalf of my organisation and that the information supplied here is correct. I understand and agree that contact details, rating and all other information included with this application will be presented to Council in a public meeting and will be accessible by the public.
Name:
Signature:Date:

Please send your application and attachments to: Community Grants Applications Matamata-Piako District Council PO Box 266 Te Aroha 3342

Checklist

Use this checklist to ensure you have correctly completed your application and included all the required information - have you:				
☐ Checked that your proposal meeting the criteria for funding under the Policy?				
Filled out all the information requested on this form – attach additional sheets if not enough space and reference the section.				
 Attached all relevant supporting documentation: Bank account details on your organisations letter head or pre-printed bank deposit slip. 				
Statement of Accounts (either your latest Accounts from your AGM or a recent Bank Statement showing your financial position).				
A breakdown of your funding needs, including your budget and other sources of funding.				
Details about proposed projects timeframes, budgets, quotes – Council needs sufficient information to understand the scope, timing and viability of a proposal.				
☐ Signed and dated your application.				
Office Use Only				
NAR:Register Updated Date: / /				
Register Number 650 RM#				