**Criteria for Campe Estate Community Grants**

The Paekākāriki Community Board will receive the applications and make recommendations to the Campe Estate Committee who will consider the recommendations and administer the distribution of the grants.

**Criteria**

1. Applications with a focus on people aged under 25 years will be considered a priority;
2. Applications will be accepted from organisations that provide services which benefit the people, especially the young people of Paekākāriki;
3. Applications will be accepted from individuals provided there are tangible benefits to the Paekākāriki area;
4. Applications will include an outline of the expected benefits of any grant to the applicant, the organisation and the Paekākāriki community;
5. Applicants will only receive one grant per financial year;
6. Successful applicants will provide a report to the Community Board for the information of the Campe Estate Trustees on the uses of the funding and an account of the benefits which have accrued to the Paekākāriki community, the individual and/or the group.

**Procedure for Applications**

1. Applications must be made on the approved application form and must contain all supporting information.
2. Applications must include a bank deposit slip.

**Applications are to be addressed to:**

|  |  |  |
| --- | --- | --- |
| Democracy Services Team  Kāpiti Coast District Council  Private Bag 60601  Paraparaumu 5254 | or | democracy.services@kapiticoast.govt.nz |

**Please Note:** Applications must be received by the Kāpiti Coast District Council at least 8 working days before the Paekākāriki Community Board meeting date to meet the reporting deadline.

Meetings are held every six weeks.

**Applicant Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | |
| Organisation *(if applicable)*: | | | |  | | | | |
| Address: | | |  | | | | | |
| Daytime Contact Phone: | | | |  | | Email: |  | |
| **Why do you need this funding?** (*Please attach further information that will help your application*) | | | | | | |
|  | | | | | | |
| **When do you need it?** *(Start date)* | | | |  | | |
| **What are the expected benefits to you (the applicant)?** | | | | | | |
|  | | | | | | |
| **How can you demonstrate the benefits to the Paekākāriki area as a result of providing you with this grant?** | | | | | | |
|  | | | | | | |

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| --- | --- |
| **Costs** *(travel, accommodation, etc.)*  *(Where possible please provide written quotes)* | **Income** *(fundraising, grants, saving, etc.)* |

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| --- | --- | --- | --- |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** | **$** | **Total** | **$** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How much are you applying for?** | | Total | $ | |  | |  | | | |
| **Are you GST Registered?** | Yes / No | | |  | |  |  |  |  | |
| *(If yes, and your application is successful, you will be required to provide a GST invoice before your grant can be paid)* | | | | | | | | | | |
|  | | | | | | | | | | |
| |  | | --- | | **What other funds have been sought for this project/activity?**  *(Please list)* | |  | | | | | | | | | | | |
| **Have you received any grants from the Campe Estate in the past 3 years?** *(Please list)* | | | | | | | | | |
|  | | | | | | | | | |

**Declaration**

*I certify that the information provided above is accurate:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |

|  |  |  |
| --- | --- | --- |
| **Send application and supporting documentation to:** | | |
| Democracy Services Team  Kāpiti Coast District Council  Private Bag 60601  Paraparaumu 5254 | OR | democracy.services@kapiticoast.govt.nz |

**Please attach:**

* **A bank deposit slip, for direct credit payment if application is successful**
* **Any other supporting information that will help your application**