**Criteria for Promotion Fund Grants**

The purpose of the Waikanae Community Board’s Promotion Fund is to provide financial assistance for groups or individuals who, through their activities, are promoting the Waikanae Ward.

**Eligibility Criteria**

1. Applications must be for promotions within the Waikanae Ward.
2. Applications will be considered for “events based” activities.
3. Applications will be considered for exceptional circumstances.

*Applications must include an outline of the expected benefits to the Waikanae Ward.*

**Does the application promote Waikanae by:**

1. Contributing to making Waikanae a Good Place to Live; or
2. Contributing to making Waikanae an Active Community; or
3. Attracting visitors to the area; or
4. Promoting Waikanae as a visitor destination.

To allow the Community Board to forward plan they encourage organisations to provide an annual calendar of events and activities, and to note the activities which they may need funding for.

Applicants must provide at least 3 quotes for any items to be purchased with the grant money.

Applicants are to give full details of the reason for application, and amount requested, and to note any other applications for funding currently sought from other bodies.

Where an application for funding for a particular purpose might be received from individual members of an organisation and from the organisation as a whole, preference will be given to ONLY funding the organisation as a whole.

Where an organisation anticipates that it will require ongoing annual funding, to be used for the same purpose each year, it may apply for three consecutive years of annual funding within a single application. If such an application is approved, the funding will be released in annual instalments. The second and third instalments will only be released once the Community Board has received a satisfactory accountability report in relation to the previous year’s funding. First-time applicants to the Promotion Fund will not be eligible for three years of annual funding.

In a given financial year, the Council may not allocate sufficient funding to the Community Board to enable it to pay all grants arising from three year funding arrangements approved in a previous year. In such situations the available funding will be distributed on a pro-rata basis to those organisations to which funding has already been approved.

**Ineligible Purposes**

Activities for which funding has already been received from either the Grants Allocation Committee or one of the other community boards in the district will not be eligible for funding from the Waikanae Community Board for the same activities.

Applications will not be considered retrospectively.

***Notwithstanding all of the above, the Waikanae Community Board has the right if justification can be proven, to make a grant outside the criteria.***

**Accountability**

Successful applicants will be asked to provide a report on how the grant was spent, within **six months** of receipt of the grant.

Successful applicants must contact the Community Board immediately if, for any reason, they are unable to use the grant funding for the purposes for which it was originally approved.

**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 Waikanae Community Board meeting date to meet the reporting deadline.

**Applicant Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Organisation *(if applicable)*: | | |  | | |
| Address: | |  | | | |
| Daytime Contact Phone: | | |  | Email: |  |
| **Which of the following criteria does your application fit?** (*Please tick*) | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Promotions within the Waikanae Ward | | |
|  |  | “Events based” activities | | |
|  |  | Exceptional circumstances | | |
| **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)?** | | | |
|  | | | |
| **What are the expected benefits to the Waikanae area?** | | | |
|  | | | |

**Costs** *(travel, accommodation, etc.)* **Income** *(fundraising, grants, saving, etc.)*

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How much are you applying for?** | | | Total | $ | |  | | |  | | | | |
| **Are you applying for three years of funding?** | Yes / No | | **If yes, what is the amount being applied for in each year?** | | | | |  | **Amount** | |  | **Year** | |
| $ |  | |  |  | |
| $ |  | |  |  | |
| $ |  | |  |  | |
| **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* | | | | | | | | | | | | | |
| **Are you an incorporated society?** | | Yes / No | | |  | |  | | |  | | |
| *If yes, please attach a current Certificate of Incorporation* | |  | | |  | |  | | |  | | |
| **What other funds have been sought for this project/activity?** *(Please list)* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Please list any grants received from the Waikanae Community Board in the past 3 years:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**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**
* **A ‘Calendar of Events and Activities’, and any other supporting information that will help your application**