

- b. Who and how many will benefit from this project?
-
-
- c. Will this project result in cost savings for any group? If so, how and who?
-
-
- d. Is this project in partnership with any other organisation? If so, who?
-
-
- e. What are the social and health benefits from this project?
-
-
- f. How long has it been since this project was first initiated?

Declaration.

I hereby declare that the information supplied here on behalf of the organisation is correct.

Name: Signature:

Role in organisation:

Date:

CONSENT UNDER PRIVACY ACT 1993.

I (name), consent to Franklin District Council collecting the personal contact details provided above, retaining and using these details for the purpose of administering the Community Partnerships Loan Funding Scheme. I undertake that I have obtained the consent of the other contact person to provide these details. I acknowledge my right to have access to this information and the right to request correction of any of the personal information provided. This consent is given in accordance with the Privacy Act 1993.

Date: Signature:

APPLICATIONS CLOSE 21st AUGUST 2009

Please return application to:

Nichola Painter
 Strategic Group Support Officer
 Franklin District Council
 Private Bag 5
 PUKEKOHE

- ✓ CHECKLIST**
- 1. Have you advised us the names of two contact people?
 - 2. Have you answered all relevant questions?
 - 3. Do your figures add up?
 - 4. Have you supplied all information required?
 - 5. Have you attached your current accounts?

7000 July 09

COMMUNITY PARTNERSHIPS LOAN FUNDING SCHEME 2009/2010

Please read the detailed criteria carefully before completing this form.

1. Name of organisation:
2. Postal Address:
-
3. Street Address:
-
4. Purpose or main activity of organisation:
5. Contact names of two people in your organisation to assist with further information if required. One of these contacts must be the person who filled in the application form. Please note that consent must be obtained from the other person to provide these details as per the Privacy Act 1993.
- First contact person:
- Address:
-
- Phone day: Phone evening:
- Email:
- Second contact person:
- Address:
-
- Phone day: Phone evening:
- Email:
6. Is your organisation a legally incorporated society or registered trust? Yes/No
7. If your organisation is GST registered, please supply your GST number.
 ___/___/___/___/___/___
8. How many members belong to your organisation?
9. What is the percentage of your membership that lives in the Franklin District? %
10. If your members pay a membership fee or levy, how much is this per member?

Privacy Act 1993 note: The information on this form will be used by the Franklin District Council to process the Community Partnership Funding Application. The information will be held by the Franklin District Council and may be made available to the public, or passed on to and used by other agencies, pursuant to that Act, in order to give full consideration to the application. You have a right of access to, and may request correction of, any of the personal information provided.

APPLICATION COMMUNITY PARTNERSHIPS LOAN



11. Is your facility accessible to wheelchairs? Yes/No

12. Ownership Details.

Who owns the land the facility is on?

Who owns the facility? e.g.clubrooms.

13. Please give details of any lease arrangement including date lease expires?

.....

14. Project Details.

Please provide a full description of your project. (Attach a separate sheet if necessary).

.....

15. What is the starting date of your project?

When will your project be completed?

16. Please provide a breakdown of the costs for your project and provide evidence of those costs. Also please provide evidence of any income that your organisation has for this project. (i.e. Current accounts, evidence of donated material and voluntary labour).

Expenditure (list of project costs)	\$\$	Income (financing the project)	\$\$
		Sponsorship	
		User fees/subs	
		Fundraising	
		Loans/Mortgage/Debentures	
		Funds on Hand	
		Funds already spent	
		Donated materials	
		Voluntary effort	
		Other grants (granted or proposed)	
		Other	
		Other	
Total cost of our project is:	\$	Our contribution is:	\$

TOTAL A

TOTAL B

17. The amount that your organisation requires is:

TOTAL A minus	
TOTAL B	
AMOUNT REQUIRED IS:	

18. If you have applied to any other organisation(s) for funding assistance for this project, please fill in the following table.

Organisation(s)	Amount requested	Result date

19. Have you received funds from any organisation in the last five years? Yes/No
 If yes, please provide the following details.

Organisation	Project	Amount	Year

20. Please explain specifically how the organisation intends to repay the loan over the ten-year period, including specified sources of future funds that will repay the loan and targets (time and amount) for fundraising events

.....

Financial accounts for the past three financial years also need to be provided.

These need to include membership income.

21 This section must be filled in.

a. What is the need for this project?

.....

