MF Small Grant version 3 Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should read the <u>Match Fund Guidelines</u> and the Tauranga City Council SmartyGrants Privacy Statement.

Incomplete applications will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure your application can be considered for funding.

If you have any questions please contact **Grants Enquiries**

Confirmation of Eligibility

I confirm that ...

- I have read and understand the guidelines
- I am able to demonstrate alignment between their project and the aims of this fund
- I will deliver the project in Tauranga City
- I do not have any overdue financial reporting or unspent funding owed to Tauranga City Council as a result of being previous funding.
- the project is not one of the activities listed in Section 6 of the Match Fund Guidelines

Please select below: *

○ Yes ○ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

We will respect and uphold your rights to privacy protection under the information privacy principles in the New Zealand Privacy Act 2020. To view our specific privacy statement that is applicable to your application and this online grant administration service, go to our Tauranga City Council Smarty Grants privacy statement

New Section

Applicant

○ Individual○ OrganisationOrganisation Name

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Title	First Name	Last Name		
Applica Address	nt Primary Add	dress		
Address				
Annlica	nt Primary Pho	one Number		
Applica	inc i i iiiiai y i iic	me Number		
Must be a	a New Zealand pho	one number.		
Applica	nt Primary Em	ail		
Must he a	an email address.			
Bank A	Account			
Bank Account	ccount * Name			
ricedurie				
Account	Number			
Must be a	a valid New Zealan	nd bank account format		
Bank D	eposit Slip			
Attach a				
Please up	oload an image of	your bank depost slip		
Previo	us Support			
* indicat	es a required fie	ld		
	ou received fur ee years *	nding or in kind sup	port from Ta	auranga
YesNo	-			
	alazea dacerika	the provious sur-	ort	
11 yes,	riease uescribe	e the previous supp	701 L	

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Type of support	Value of support
	 \$
	\$
	\$
	Must be a dollar amount.
Project Details	
* indicates a required field	
Project Name: *	
The name should be short but descriptive	
Project Description *	
Project start date	Project end date
If unknown, provide your best guess or leave blank	If unknown, provide your best guess or leave blank
Amount requested *	
\$	
Must be a dollar amount and between 1 and 1000.	
Organisation's Match	
List the value of volunteer time, donations, other funding	\$
This must at least match the amount requested	
	\$
	\$ \$
Project Impact	
What community need will this project a	ddress? *
	_
What is the issue or need this project is addressing	?

Please describe the number of people who will directly benefit from this project and how they will benefit

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Which age group will primaril □ 0-12 □ 13-24 □ 25-64 □ 65 and over	y benefit	from this proje	ect?
Which ethnic group will prima ☐ Maori ☐ Pakeha/NZ European ☐ Pacific ☐ Asian	arily bene	efit from this pro African Latin Amer Middle Eas	ican
What are the activities you a	re planniı	ng to undertake	as part of your project *
We want to to understand the range	of activities	s that you are going	g to do as part of the overall pro
Please describe any project r	isks and	how you plan to	do to reduce or eliminat
these risks *			
Declaration			
* indicates a required field			
I certify that to the best of mapplication are true and corre		dge the stateme	ents made within this
l agree *	○ Yes		○ No
Name *	Title	First Name	Last Name
-			
Contact Email *			
	Must be a	n email address.	
Date of declaration *			
	Must be a	date	