FUNDING REQUEST FORM
**Community Matching Fund (CMF)**

The purpose of this fund is to bring people together to build strong communities, by providing resources for self-help projects which link to RLC’s community outcomes. Projects **must demonstrate** the capacity to build social capital within the community/neighbourhood. **Please refer to the CMF Guidelines.**

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| **BEFORE COMPLETING THIS FORM:** Please contact RLC, Business Support Advisor, **Mihi Morgan,** to discuss your project and assist with your application. Phone: (07) 348 4199 or email: communityfunding@rotorualc.nz |

**Assessment Criteria Checklist** (Please tick **√** )

* Our group and our project are within the Rotorua District
* Our project provides local public benefit and is free and open to all members of the public
* Our project demonstrates building social capital
* Our project contributes to equitable opportunity, community safety and resilience
* We are not claiming for any expenditure already incurred by our group
* We are not applying for the purchase of land, maintenance or day-to-day operating expenses of our group

**IMPORTANT:**Please do not alter the format of this application form. If you complete this form using a computer, make sure the questions and the responses are exactly as in the original.

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| **1. YOUR GROUP** |
| **Name of Group:**  |
| **Postal Address:**  |
| **Phone:**  | **Email:**  |
| **Address where the project will be undertaken:**  |
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| **1st Contact** |
| **Role:** |
| **Address:**  |
| **Phone:**  | **Email:**  |
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| **2nd Contact** |
| **Role:** |
| **Address:**  |
| **Phone:**  | **Email:**  |

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| **Purpose** |
| **Tell us about your Group. What is its purpose? Who are your members?**  |
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| **2. LEGAL STATUS** (Please tick √ ) |
| Does your Group have legal status? ⬜ Yes ⬜ No |
| If **Yes,** please specify: ⬜ Trust ⬜ Incorporated Society ⬜ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OR:** Name of organisation that will be umbrella, or act as fiscal sponsor: **GST Registration:** ⬜ Yes ⬜ No **GST Registration No:**  |

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| **3. YOUR PROJECT** [include additional sheets of paper if required] |
| **Name of Project:**  **Have you received any additional funding for your project?** ⬜ Yes ⬜ No**If so, how much did you receive and from which Organisation?** **Are you working with any other department in Council on this project?** ⬜ Yes ⬜ No**If so, which department?**  |
| **Start Date:** | **End Date:**  |
| 1. **Tell us about your project and how will it benefit the broader community or neighbourhood.**
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| 1. **What RLC Community Outcome does your project align with? (you can tick more than one)**
* KUA TŪHONOTIA, KUA PAKARI HOKI / CONNECTED AND RESILIENT
* NGĀ TAKE MAHI ME TE TAIŌHANGA / EMPLOYMENT & ECONOMY
* NGĀ MAHI TŪRUHI / TOURISM
* NGĀ TAKE WHARE / HOUSING
* NGĀ MAHI A TE RĒHIA / ACTIVE
* TE TAIAO / ENVIRONMENT – MAURI TAIAO
* HAUMARUTANGA / SAFETY
* NGĀ WAWATA O TE TANGATA WHENUA / MANA WHENUA ASPIRATIONS
* NGĀ MAHI TOI, AHUREA HOKI / ARTS AND CULTURE
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| 1. **What fund priority does you’re project achieve? (you can tick more than one)**
* Bringing people together to collaborate on neighbourhood projects.
* Empowering people to enhance and strengthen their own neighbourhood.
* Contributing to whānau working, playing and talking together.
* Renewing and revitalising of places and spaces within neighbourhoods.
* Improving the quality of life in a specific community or neighbourhood.
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| 1. **How many people will benefit?**
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| 1. **How will you know the project has been a success?**
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| 1. **Project Plan**

 What steps are involved in your project? Who is involved in each step of the project? What will they be doing?[include additional sheets of paper if required]Project should involve as many diverse groups and individuals as possible, to reflect your community.

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| **Activity** | **Who is involved?** | **Completion date** |
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| **4. COMMUNITY CONTRIBUTION** |  |
| **Volunteer Labour:** |
| **Number of volunteers** | **Number of hours each** | **(No of volunteers x No of hours x $15 p/hr)** |
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| **TOTAL:** | (A) |

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| **Professional Services** (specify type): |
| **Total no of hours** | **(No of hours x $65 p/hr)** |
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| **TOTAL:** | (B) |

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| **Donated Materials/ Supplies:** |
| **Description** | **Donated By** | **Value** (retail/hire price) |
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| **TOTAL:** | (C) |

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| **Any other resources towards project:** |
| **Description** | **Donated By** | **Value** (retail price) |
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| **TOTAL:** | (D) |

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| **Cash:** |
| **Donated/Sponsored By** | **Amount** |
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| **TOTAL:** | (E) |

**TOTAL COMMUNITY CONTRIBUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 (A + B + C + D)

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| **5. FUNDING REQUIRED** |
| What do you require the funding for? [Please provide quotes or letters from supplier detailing costs] NB. We DO NOT pay for labour other than professional services, as ‘volunteer labour’ is the main part of your community contribution.

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| **Description** | **Amount** | **Quote provided** (Y/N) |
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**TOTAL FUNDING REQUIRED:** $(Needs to be less than or equal to community contribution) |

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| **6. DECLARATION**  |
| **We hereby declare that the information supplied here on behalf of our group is correct.** **If the application is successful, our group agrees to:**1. Complete the Acceptance Grant Letter or Contract Agreement and return it in the stamped addressed envelope (which will be enclosed with the letter notifying you of the amount granted by the assessment committee).
2. Only spend the funding granted on the items it is granted for.
3. Complete the form telling the story of how our project went, the outcomes of the work and what we spent the money on. This will be done within the timeframe set in the Acceptance Letter or Contract Agreement.
4. Participate in any funding audit of our group conducted by the Rotorua Lakes Council.
5. Acknowledge Rotorua Lakes Council’s contribution towards the activity / service in all promotional material.
6. Consider participating in a workshop to present information on the Community Matching grant and their project.

We consent to the **ROTORUA LAKES COUNCIL** collecting the details provided above, and retaining and using these details for the purpose of review of the ***Community Matching Fund*.** We acknowledge our right to have access to this information. This consent is given in accordance with the Privacy Act 1993.**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Position in group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Position in group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **7. NOTICE TO THE APPLICANTS** |
| **CLOSING DATES FOR APPLICATIONS:****If you are applying for a Small CMF grant of up to $5,000:**Applications will be accepted year round and we endeavour to process within one month (**except over December/ January holidays).** **If you are applying for a Large CMF grant of $5,001 to $20,000:**Applications will be accepted ONCE a year. Dates for applications for the Large fund will be:**Opening Date:** 05 August**Closing Date:** 23 September**Notification of funding decision:** 01 November |
| **PLEASE RETURN COMPLETED APPLICATIONS TO:**Mihi MorganBusiness Support Advisor\\rdc.govt.nz\digitalassets\03Logos and Brand\RLC\BILINGUAL\PNGS\RLC_Vertical_BLUEnBLACK_BILING.pngRotorua Lakes Council1061 Haupapa Street**Private Bag 3029****Rotorua Mail Centre****ROTORUA 3046**or email application to: communityfunding@rotorualc.nz |