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**COMMUNITY SERVICES FUNDING RATES SUBSIDY**

**APPLICATION FORM 2021-2022**

**Opens 27 April and closes 5pm 14 May**

**(no late applications will be accepted)**

**ABOUT YOUR ORGANISATION:**

1. **Organisation Details**

|  |  |
| --- | --- |
| **Organisation’s Name** |  |
| **Physical Address** |  |
| **Postal Address (If different from above)** |  |
| **Bank Account Number****(please attach bank account verification to this application)** |  |
| **Website Address** |  |
| **Are you GST Registered****(please cicle one)** | **YES / NO** | **GST Number** |  |
| **Legal Entity Status:** |  | **First year of operation:** |  |

1. **Main Contact People (Please provide two contacts)**

|  |  |
| --- | --- |
| **First Contact Person** | **Second Contact Person** |
| **Name:** |  | **Name:** |  |
| **Position:** |  | **Position:** |  |
| **Daytime Phone:** |  | **Daytime Phone:** |  |
| **Mobile Phone:** |  | **Mobile Phone:** |  |
| **Email:** |  | **Email:** |  |

1. **Tell us the purpose of your organisation**
2. **Property details:**

|  |  |
| --- | --- |
| **Valuation Number:** | **Property address(es)** |
|  |  |
|  |  |

1. **Does your organisation hold a liquor licence?**

 **Please circle one: YES / NO**

**Please Note: Applicants are required to send bank account verification (deposit slip, screen shot of your statement, or signed printout from the bank) to accompnay the application.**

**DECLARATION**

We, the undersigned, declare the following:

* The information given in this application is true and correct to the best of our knowledge
* We have the authority to commit our organisation to this proposal
* Any funding received will be used for the payment of the rates to Napier City Council
* We understand that our names and details about this proposal may be released to the media or appear in publicity material
* We understand that the Napier City Council is bound by the Local Government Official Information and Meetings Act 1987 and details contained within this proposal may be released under that Act.
* We agree to complete an evaluation form and/or report if required, confirming the funds received have been spent, or are being held in trust, for the purpose stated
* We agree to fully cooperate in any funding audit or inspection of our organisation, project or service that may be directed by an officer of the Napier City Council
* We acknowledge our right to have access to this information. This consent is given in accordance with the Privacy Act 1993.
* I have attached my bank account verification

|  |  |
| --- | --- |
| **Governance Signatory** **(member of the governing body)** | **Management Signatory****(or second governance signatory)** |
| **Name:** | **Name:** |
| **Position:** | **Position:** |
| **Signature:** | **Signature** |
| **Date:** | **Date:** |