

Community Project APPLICATION

Kei te ora te wai, kei te ora te whenua, kei te ora te tangata.

If the water is healthy, the land and the people are nourished.

APPLICANT DETAILS

Additional documentation can be provided by applicant if insufficient space available in application form.

CONTACT NAME OF APPLICANT:	
NAME OF ORGANISATION:	
TYPE OF ORGANISATION:	
Incorporated Society	Local community group
Charitable Trust	lwi/hapū
Educational facility (School/ECE/etc)	Other
Details:	
Is your organisation GST registered? Yes	No
If yes, please state your GST number:	
ORGANISATION'S OBJECTIVES:	
Contact phone number(s):	
Email address:	
Website address:	
Postal address:	
Dhysical address:	
Physical address:	

HOW DID YOU HEAR ABOUT THE MANAWATU- RIVER LEADERS' ACCORD COMMUNITY PROJECTS PROGRAMME?

NEWSPAPER If so which one?			FRIEND/ COLLEAGUE	
	ONLINE/ WEBSITE f so which one?		OTHER Please explain	
I	- 30 which one:	_		
APPLICATION DETAILS				
NAM	E OF PROJECT:			
What	are the objectives of the project?			
Pleas	e provide details of your funding request:			
Start	date of project:			
End o	date of project:			
Locat	tion of project:			
How	will this project enhance the Manawatū River?			
How	will this project engage the community?			
Who	will be involved with the project?			

Please outline how your project will become self supporting without on-going financial contributions.		
Demonstrate how the outcomes of the project would be maintained in the future.		
Is this application supported by the wider community? (please attach letters of support if applicable)		
Has funding for this project been provided in the past? Yes No		
If yes, please list previous funding sources for this project over the past 24 months		
Have you applied for funding from other sources for this project? Yes No		
If yes, please list the other sources you are seeking funds from:		
Please attach a project plan and timeline		
Is this project continuing for longer than 1 year? Yes No		
If yes, list the milestones to be achieved over the project:		
Deliverables after Milestone 1		
Deliverables after Milestone 2		
Deliverables after Milestone 3		
Deliverables after Milestone 4		
Deliverables after Milestone 5		
If you require any advice on planting timeframes and species available please contact Horizons Regional Council's		

Freshwater Team **0508 800 800**

BUDGET

WHAT IS THE TOTAL BUDGET FOR THE PROJECT? \$

(include contributions from landowners or other funding sources, please identify the source and \$ amount)

What is the total amount (GST excl) that you are seeking from this application? \$

What does this funding include? (Please specify components of project seeking funding including administration costs.)

Activity	Description	Cost
Yr 1		

Please attach quotes if relevant

PROMOTION AND EVALUATION

Are there opportunities for Accord members or other community groups to take part in this project?

Yes No
If yes, please explain:
Are there opportunities to involve local media? Yes No
If yes, please explain further

How will you evaluate the success of the project? ____

Is there any other information you believe is relevant to support your application?

CHECKLIST

- I have completed all sections of the application.
- I have attached copies of quotes where applicable.
- I have attached evidence of landowner's permission where applicable.

APPLICANT'S OBLIGATIONS

If your application is successful you agree and acknowledge on behalf of your organisation or group the following:

	I agree to ensure that the sponsorship amount and any products or services received as part of the	
	sponsorship will be used solely for the activities specified in this application and for no other purposes.	
	I agree to provide a brief report about the activity to Horizons Regional Council and provide photos if	
	available within a timeframe of one month following the sponsored activity.	
	If this application is on behalf of an organisation, group or other entity I confirm that I have informed	
	them of this application and will provide acknowledgement of sponsorship receipt via the entity	
	supported (i.e. on official letterhead or alternative official means).	
	If the project is being carried out on land not owned by the applicant I confirm that I have sought	
	permission from the landowner to carry out planned activity.	
ORGANISATION		
SIGNATURE		
DATE		



WHAT HAPPENS NEXT?

An information session will be held from **11am-4pm on Thursday 27 September 2018** at Horizons Regional Council (11-15 Victoria Avenue, Palmerston North).

After we receive your application we will assess it against the criteria and other applications made. We will let you know whether or not your application is successful by **16 November 2018.**

TIPS FOR A SUCCESSFUL APPLICATION:

- Be clear and concise about what your project will achieve
- Include a project plan, budget breakdown and realistic timeline
- Detail how the project's outcomes will be maintained in the long-term.

SENDING IN YOUR APPLICATION:

To submit your form electronically please save and email it to freshwater@horizons.govt.nz. If you've printed this form off, please post your hardcopy application to:

MRLA Community Funding Programme c/o Horizons Regional Council Private Bag 11025 Manawatū Mail Centre 4442

Applications close 4pm, Monday 8 October 2018

For all enquiries please contact Horizons' freshwater team on **freshwater@horizons.govt.nz** or on freephone **0508 800 800**.







Freshwater Improvement Fund