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| **PART ONE: ORGANISATION / GROUP DETAILS** | | | |
| **Organisation Name:** |  | **District:** |  |
| **Postal Address:** |  | **Phone:** |  |
|  |  | | |
| **Street Address:** |  | **Post Code:** |  |
| **Email:** |  | | |

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| **DETAILS OF KEY CONTACT PERSON** | | | |
| **Name** |  | **Phone** |  |
| **Position:** |  | **Mobile** |  |
| **Email:** |  | | |

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| **GST REGISTRATION** |
| **Is your organisation GST registered? YES / NO** *(please delete the one that does not apply)* |
| **If yes, what is your organisation’s GST number?** |

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| **WHAT DO YOU REQUIRE FUNDING FOR?** *An application can include both operational and/or project costs. Please identify how much you are applying for against each applicable category. Please list amounts as GST exclusive* | |
| Operational costs, which can include salary costs | $ |
| Project costs | $ |
| **Total funding requested** | $ |

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| **PART TWO: OPERATIONAL COST DETAILS -** If you are applying for operational funding, including salary costs, please answer the following questions. |

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| --- | --- | --- | --- | --- | --- |
| **2.1** | **Salaries and Wages:**  *Please list position(s), name(s) and hours worked for all your paid employees.* | | | | |
| **Name** |  | **Position** |  | **Hours worked** |  |
| **Name** |  | **Position** |  | **Hours worked** |  |
| **Name** |  | **Position** |  | **Hours worked** |  |

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| **2.2** | **How is the funding is going to assist your organisations goals**  *Please provide details below and/or attach a copy of your strategic and/or work plan for the next 12 months.* |
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| **PART THREE: PROJECT DETAILS -** *Only complete this section if you are applying for* ***Project Costs*** | |
| **3.1** | **Project Title** |
|  | |
| **3.2** | **What is the timeframe for this project** |
| Start Date:  Completion Date: | |
| **3.3** | **Please identify which of the following objectives your project meets.** *You may choose more than one.* |
| Build resilient communities by empowering communities to take responsibility for their own safety and  wellbeing e.g. emergency management preparedness.  Promote community safety and contribute to a reduction in crime.  Promote community connectivity, especially the inclusion of vulnerable communities.  Collaborative initiatives that seek to address community needs and issues. | |
| **3.4** | **Tell us about your project** *(short description i.e. 500-700 words in total).*The description of your project should address the following questions:   * Who is carrying it out? * What will you be doing? * What resources will you need to deliver it? * What are the expected benefits/outcomes of the project?   *You are welcome to attach additional information in support of your application including letters of support from outside organisations.* |
|  | |
| **3.5** | **Will you be collaborating with any other organisations on this project** *(please provide details)* |
|  | |
| **3.6** | **Are you applying for the total cost of your project? YES / NO** *(please delete the one that does not apply)* |
| *If you answered* ***NO,*** *what is the total cost of your project?* | |

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| **PART FOUR: FINANCIAL DETAILS**  Please provide a breakdown of the costs associated with your funding request. | |
| **Operational Expenses**  (Please itemise, e.g. salaries, rent, overheads, etc.) | *Amount requested GST exclusive* |
|  | *$* |
|  | *$* |
|  | *$* |
| **Project Costs**  (Please itemise, e.g. venue hire, marketing etc.) |  |
|  | $ |
|  | $ |
| **Total Funding Requested** | **$** |

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| **Given the number of applications NSNZ receive and the limited funding we have to distribute, we may not be able to fully fund the total amount applied for.**  Are you requesting funding from other organisations? | | |
| YES | | |
| NO | | |
| *If you answered* ***YES****, please list below.* | | |
| **Organisation** | **Amount Requested** | **Expected Confirmation Date** |
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| **PART FIVE: SUPPORTING DOCUMENTS**  Ple*ase tick which of the following documents you have supplied to support your application.* |

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| --- | --- | --- |
| **A copy of your organisations Annual Accounts**  (preferably audited or reviewed) | {required} |  |
| **A copy of your organisations annual budget** | {required} |  |
| **Proof of bank account** copy of either a deposit slip or bank statement | {required} |  |
| **Letters of Support** *If you are a startup group please include a letter of support for your organisation* | {optional unless you are a startup group} |  |
| **Annual Report** | {optional} |  |
| **Other Supporting documentation:** *please specify*  *Add any other information that will assist us to assess your application for example a project plan* |  |  |

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| **PART SIX: AGREEMENT** |
| Applicant Declaration: I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {full name} declare that this application form has been completed accurately and I am authorised to lodge this application on behalf of the Organisation;  If this application is successful, this organisation will abide by the conditions of the funding which will include the requirement to complete an accountability report |

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| --- | --- | --- | --- |
| **Name:** |  | **Date:** |  |
| **Signature:** |  | | |

**Applications close on Monday 22nd March 2021 at 5.00 pm**

**APPLICATION TO BE SUBMITTED TO THE FOLLOWING EMAIL OR POSTAL ADDRESS**

Please email completed application to: [kelsey@neighbourhoodsupport.co.nz](mailto:manager@neighbourhoodsupport.co.nz)

If sending a hard copy application, please post the signed original application to:

Neighbourhood Support New Zealand

c/- Police National Headquarters

P O Box 3017, Wellington 6140

If you are having trouble completing this form, please give National Office a call on 04 470 4767 or 0800 463 444 or email [kelsey@neighbourhoodsupport.co.nz](mailto:kelsey@neighbourhoodsupport.co.nz)