

Betty Campbell Accommodation Assistance Fund May 2011

Organisation name _____

Our goals – Through the Betty Campbell Accommodation Assistance Fund Wellington City Council aims to help non-profit groups work to reduce social disadvantage in Wellington City.

The Council seeks to work with community groups that meet some or all of the following criteria:

No.	Criteria	Tick if met
1.	Provide direct services to promote social wellbeing for Wellington residents (social wellbeing means living in a supportive, ongoing community and having access to shelter, education, food and income)	<input type="checkbox"/>
2.	Contribute to building community capability and/or capacity for promoting social wellbeing for Wellington residents by providing coordination and support for other groups	<input type="checkbox"/>
3.	Are located within the Wellington ratepaying area and whose services are accessible to all Wellingtonians	<input type="checkbox"/>
4.	Are groups, or clusters of groups, renting accommodation for 30 or more hours per week	<input type="checkbox"/>
5.	Are not-for-profit	<input type="checkbox"/>
6.	Observe the required reporting and accountability standards	<input type="checkbox"/>
7.	Plan for long-term sustainability (in line with the Council's goal of developing self-sustaining communities)	<input type="checkbox"/>
8.	Have effective management and governance	<input type="checkbox"/>
9.	Demonstrate how they contribute to building community capability and/or capacity	<input type="checkbox"/>
10.	Demonstrate how they reduce social disadvantage for Wellington residents	<input type="checkbox"/>
11.	Services and accommodation are physically and financially accessible to intended users	<input type="checkbox"/>
12.	Take a lead in providing coordination, support or guidance for other groups	<input type="checkbox"/>
13.	Are seen as actively contributing to the city's social infrastructure by helping to grow capability and capacity within and between community groups	<input type="checkbox"/>
14.	Are in line with Wellington City Council's policies and programmes such as Accessible Wellington, Positive Ageing Policy and the Intercultural Framework	<input type="checkbox"/>

Before submitting an application please contact Mark Farrar on 803 8525 or email mark.farrar@wcc.govt.nz for advice regarding eligibility and criteria. It is essential that you have accounted for any previous grants from Wellington City Council.

Completed applications must be **received** by the Wellington City Council grants coordinator, PO Box 2199, Wellington, or delivered to Wellington City Council, 101 Wakefield Street, no later than **5pm, Tuesday 31 May 2011.**

PLEASE ENSURE THAT THIS FORM IS COMPLETED IN FULL. Faxed, emailed or late applications are not accepted. All applications will be acknowledged and applicants notified of the results.

Organisation details

Organisation name _____

Postal address _____

Street address (if different from above) _____

Contact person's name _____ Contact person's role _____

Telephone numbers _____ Email _____

Alternative contact person _____ Role _____

Telephone numbers _____ Email _____

Are you registered for GST? Yes No GST number if registered _____ / _____ / _____

Bank account number _____

Legal status Trust Incorporated society Limited company *Other _____

** If "Other", nominate an umbrella organisation and include their letter of confirmation.*

How long has your organisation been operating? < 1 year 1 – 5 years > 5 years

Accommodation details (for the property covered in this application)

Address _____

Size in square metres _____ Total rent paid each year* \$ _____

What is this space used for? Give percentages or square-metre figures.

Offices _____ Meeting space _____ Other – specify _____

Space shared with other groups (eg kitchen, shared meeting space, corridors) _____

Is this space part of a cluster of community groups? Yes No

Does the building have ramped access? Yes No

If no, please explain _____

Do you expect any significant changes to your rental costs in the next three years? (eg increased rent, shifting premises) Yes No

If yes, please explain _____

Do you receive any other external funding towards your rental costs? Yes No

If yes, please explain _____

* • If you are GST-registered show the rent cost excluding GST. If you are not GST-registered this should include GST.

• Attach confirmation of this amount – eg tenancy agreement, letter from the landlord.

Type of grant requested

One year (one-off grant) Three-year contract

Note: If you receive a three-year contract, the grant will be paid each year once you have reported back on the previous year's grant.

The amount will be fixed for three years, but if your rent increases in this time you will have the option of cancelling the contract and reapplying for a different amount.

What is the key purpose of your organisation?

What type of service does your organisation provide?

How do you provide this service?

Who are your services targeted at?

Where are your target users located? (Please use percentages)

- Wellington ratepaying area (includes Tawa, not Hutt Valley or Porirua) _____
- Other parts of the Wellington region _____
- National _____

Do you work in partnership with other community groups or government agencies?

Yes No

If yes, briefly describe the relationship/s:

Do you act as an umbrella organisation for other community groups?

Yes No

If yes, please list the groups:

How do you measure your services and your users' satisfaction with these?

Finances

Please list your top three sources of income over the past year.

If you receive central government funding please explain what this funding covers:

Please list all funding received from Wellington City Council in the past two years:

Do you anticipate any significant change in your organisation's financial circumstances in the next 12 months?

Attachments required

- Annual accounts – attach your most recent annual accounts (see application guide for more details).
- Evidence of rent paid – ie a copy of your tenancy agreement or letter from your landlord. This should specify whether GST is included or not.
- A printed (encoded) bank deposit slip – this is for us to use if your application is successful. Handwritten forms are not accepted.

Declaration: *I declare that in making this application I am authorised to act on behalf of the organisation named above. I declare that the information supplied here and in the attached application is correct, and consent to the information contained in our application being made available to the public. This consent is given in accordance with the Privacy Act 1993.*

Name: _____

Signed: _____ Dated: _____