

**Sports Development Grants Application – March 2012**

Wellington City Council, 101 Wakefield Street, PO Box 2199, Wellington  
Phone 499 4444, Wellington.govt.nz

Organisation name \_\_\_\_\_

**Our goals** – the fund assists sports and recreation organisations in Wellington so they can receive professional support for enhancing their strategic management.

**Generic grants criteria**

No.	Criteria	Tick if met
1.	Your project makes a positive contribution to achieving the Council's strategic outcomes and points of difference as listed in the Annual Plan.	<input type="checkbox"/>
2.	The project is Wellington-based and primarily benefits the people of Wellington. (Exceptions may be made for projects based elsewhere in the region, but which significantly benefit residents of Wellington City.)	<input type="checkbox"/>
3.	The applicant is a legally constituted community group or organisation, not an individual or individuals. (Groups may apply under an appropriate umbrella organisation.)	<input type="checkbox"/>
4.	The applicant group provides evidence of (or, if a new group, systems for): sound financial management, good employment practice (where applicable), clear and detailed planning, clear performance measures, demonstrated ability to report back on past funding.	<input type="checkbox"/>
5.	Projects will not be funded for the same purpose more than once in any financial year. (Different aspects of the same project may be eligible for more or different grants.)	<input type="checkbox"/>
6.	Failure to report adequately on past Council funding can result in a group being considered ineligible for future funding.	<input type="checkbox"/>
7.	The project should be physically and financially accessible either by a wide range of people or by the intended users.	<input type="checkbox"/>
8.	The project should show evidence of community support, collaboration and building partnerships with other organisations (eg letters of support from other organisations/leaders).	<input type="checkbox"/>
9.	The applicant must demonstrate that the project expands the capacity, range or level of similar types of services in the community and that it has involved users in identifying the need for the project.	<input type="checkbox"/>
10.	The principal intent of the project is not for private or commercial financial gain, though such gains may occur as a side effect of the project.	<input type="checkbox"/>
11.	The application must demonstrate an awareness of the Treaty of Waitangi, in particular when involving mana whenua and taura here.	<input type="checkbox"/>
12.	Projects should enhance the strategic management of sports and recreation.	<input type="checkbox"/>
13.	Priority will be given to proposals that promote youth participation.	<input type="checkbox"/>

**For advice about eligibility and criteria please contact the manager, Sports and Recreation Engagement on 803 8157.**

Your project will not be eligible for consideration if it starts within six to eight weeks of the closing date. It is essential that you have accounted for any previous grants from Wellington City Council.

Completed applications must be **received** by the Council's grants coordinator **no later than 5pm, Friday 30 March 2012.**

**Please note late applications are not accepted. We will accept signed and scanned email applications to grants@wcc.govt.nz**

**PLEASE ENSURE THAT THIS FORM IS COMPLETED IN FULL.** All applications will be acknowledged and applicants notified of outcomes. All decisions made by the Grants Subcommittee are final.

**Organisation details** – all details on this form must be completed or your application cannot be processed.

Organisation name \_\_\_\_\_

Postal address \_\_\_\_\_ Post code \_\_\_\_\_

Street address (if different from above) \_\_\_\_\_ Post code \_\_\_\_\_

Contact person's name \_\_\_\_\_ Contact person's role \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Alternative contact person \_\_\_\_\_ Role \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you registered for GST?  Yes  No GST number if registered \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Bank account no \_\_\_\_\_

Legal status  Trust  Incorporated society  Limited company  \* Other

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

Are you affiliated to a regional or national organisation?  Yes  No (If yes, please **attach** a letter of endorsement.)

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

Where are your target users located? (please use percentages)  Wellington rate paying area (includes Tawa, not Hutt Valley or Porirua) \_\_\_\_\_%  
 Other parts of the Wellington region \_\_\_\_\_%  National \_\_\_\_\_%

**Project details** – give a brief description of your project (explain more fully in your application)

\_\_\_\_\_  
\_\_\_\_\_

Start date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Finish date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Where will your project take place? (venue/suburb) \_\_\_\_\_

Is the project aiming to involve a particular cultural or ethnic group or reach a particular audience? If so, is it:

Wider community  Māori  Pacific Island  Other specific group: \_\_\_\_\_

Does your project target a particular age group?  Under 25  Over 60  General

Total project cost \$ \_\_\_\_\_ Other income/your contribution \$ \_\_\_\_\_

Grant amount requested \$ \_\_\_\_\_ (This should relate to the budget attached.)

**Checklist** – please attach the following documents (see the application guide for more details)

- Project description (Use the template provided.)
- Project budget (Include written quotes for budgeted costs where possible.)
- A copy of your most recent audited accounts or other evidence of your organisation's financial situation (See the guide.)
- A printed (encoded) bank deposit slip for us to use if your application is successful (Handwritten forms are not acceptable.)
- Letter/s of support from a regional/national affiliated organisation if applicable, or an established group associated with the project
- Letter of support from a strategic/business plan (If available.)

**Declaration:** I am authorised to act on behalf of the organisation named above. The information supplied here and in the attached application is correct, and I 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 \_\_\_\_\_ Date \_\_\_\_\_