

Holiday Funding Scheme Application Form 2010 - 11

Deadline: 01 June 2010

A. General Details

Name of Organisation			
Postal Address			
Street Address			
Contact person (who completed this form)			
Phone (day)		Phone (evening)	
Email			

1. If your organisation is registered for GST, please supply your GST no.:

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2. Is your organisation a legally constituted society, trust or registered charity?

Yes No

3. Do you have CYF OSCAR accreditation as a local childcare provider?

Yes No In process

4. Do you receive MSD OSCAR funding?

Yes No

5. Tick which of our priorities you meet. You can tick more than one box.

- Programme operating in an area of high social need
- Providing affordable holiday activities for families on low incomes
- Supporting a programme that would not otherwise run
- Improving safety / staff training
- Providing services in a rural community within NCC boundary

B. Project Details (Attach a separate sheet if necessary)

1. Please provide a description of your programme and what this grant will be used for.

Your application needs to show why there is a need for your funding and why you need assistance from Nelson City Council. You need to explain how the funding will be used and describe the other sources of income you have secured or explored. The application also needs to show us that you are able to deliver a safe and relevant programme that benefits the Nelson community.

2. Programme details:

Location of programme			
Dates (from - to)		Session Times	
Total number of sessions / days		Age range of children	
Number of children expected each day		Total number of different children expected to attend	
Session cost per child		% children likely to pay full fee	

C. Project Budget

1. If you are registered for GST please do not include GST in these costs. Round all figures to the nearest dollar. (You can attach an existing budget to answer this section but please ensure it identifies all areas required)

Holiday Programme Budget	\$
Wages / staff costs	
Venue costs	
Equipment / materials	
Other activity costs	
Promotion	
Other	
Total cost of programme	
TOTAL GRANT REQUEST (max \$2000)	

2. If your total costs are greater than your grant request please use the table below to show how you will fund the shortfall.

Source	\$ Amount Expected	Confirmed
		Y / N
		Y / N
		Y / N
		Y / N
TOTAL		

D. REFEREES

Please give us contact details for 2 people who can vouch for your organisation.

Name		Name	
Relationship / position		Relationship / position	
Phone (day)		Phone (day)	
Phone (eve)		Phone (eve)	
Email		Email	

E. DECLARATION

We hereby declare that:

1. The information supplied here on behalf of our organisation is correct and understand that we must operate our programme in accordance with either our own approved standards and guidelines or other acceptable standards as outlined by the organisation in the application for funding.
2. We consent to the Nelson City Council collecting the personal contact details provided above, retaining and using these details for the purpose of review of the Funding Scheme. We undertake that we have obtained the consent of the other contact person to provide these details. We acknowledge our right to have access to this information. This consent is given in accordance with the Privacy Act 1993.
3. We have policies and procedures that meet our legal obligations regarding employment, health and safety, data protection and all other relevant legal requirements of employers.
4. The importance of the safety of children in our care is recognised in our policies and procedures.

Name	Name
Position in Organisation	Position in Organisation
Signature	Signature
Date	Date

F. ATTACHMENTS

Please send us any relevant information to support your information. To save time and the planet's resources, please consider sending documents by email.

Attachments we need to assess your application:

Most recent organisational audited accounts

OR, most recent organisation profit and loss statement

Attachments that may help us assess your application

A copy of your proposed activities programme

Letters of support

Evidence of at least one quote for equipment costs

(If a new programme) a reference from the local Police

Or OSCAR Regional Coordinator supporting their organisation

Please return application to:

Chris Blythe: Community Liaison Adviser –Recreation
Nelson City Council, P O Box 645, Nelson, 7040

Or deliver to:

Cnr Trafalgar & Halifax Sts, Nelson

Or email to: chris.blythe@ncc.govt.nz