

# Hook Bequest Application Form

### **Purpose**

The purpose of the Hook Bequest is to:

- Help or assist any poor or needy person(s) who shall be bona fide resident(s) of Feilding
- Towards any charitable purpose(s)in the borough of Feilding

Note: Information contained in this application will only be viewed by the Community Development Committee Chairperson and the Community Development Adviser. Personal details will not become part of any public documentation.

## 1. Applicant Details

Name of Applicant		
Street/PO Box		
Town	Postcode	
Email		
Phone nos		

#### 2. Referee Details

Please note applications must be endorsed by a social service organisation or other similar organisation that can verify the current circumstances of the applicant.

Organisation		
Contact Person		
Street/PO Box		
Town	Postcode	
Email		
Phone nos		



J. I Ullulle Details	3.	Funding	Details	S
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Please provide details of what you are seeking funding for (attach additional sheets if necessary)				
4. Financial Details				
Please list below the item(s) and assistance.  Note: All figures must be GST inclusive A written quotation on all costs is	to be attached  Cost	Your Contribution	\$	
	(GST Incl)			
		Funds on hand		
Total cost of the project is (A)		Total of your contribution is (B)		
To find out how much money you sh				



Please complete the below if you have received funding from Council before.

Date	Amount	Purpose

Please give details below if you have received funds or assistance from the below agencies in the past two years.

Funding Organisations	Purpose	\$ Year
Work and Income (grants)		
School Hardship Grants		
Other		

funding) ie	special circu	er relevant ir ımstances/ne	eeds, financ	ial hardship	issues.	



#### 5. Declaration

I consent to the Manawatū District Council collecting the personal contact details provided above, retaining and using these details to assess information supplied as part of this Hook Bequest funding application. I acknowledge my rights to have access to this information. This consent is given in accordance with the Privacy Act 1993.

I hereby declare that the information supplied in this application is correct:

Nam	ne	
Sign	natura	
Sign	nature	
Date	e	
6.	Final Check	
	Have you answered every que	estion?
	Have you included written qu	otations?
	Have you notified the referee	?
	-	om a social services organisation or other similar organisation rcumstances and who supports your application?

#### 7. General Information

- Upon receipt of your application it will be considered by the Community Development Committee's Chairperson.
- You will be notified if your application has been successful within seven working days of receipt of your application.
- Funding will not be given retrospectively.
- Grants will be paid directly to the organisation which you have provided written quotations or invoices for.
- Applications will not proceed until all the information required by Council on this form have been provided.



# 8. Eligibility

- Applicants must be bona fide persons in need of financial assistance.
- Applicants must be residents of Feilding.
- Applications must be endorsed by a social services organisation or other similar organisation that can verify that the applicant is in need of financial assistance.

# 9. Need Help?

Please contact the following if you need advice on your application:

Community Development Adviser Manawatu District Council Private Bag 10-001 Feilding 4743 Telephone 06 323 0000

Email: community.development@mdc.govt.nz

Please return your application to the above.

