TE KAUNIHERA Ā-ROHE O Whanganui DISTRICT COUNCIL

Welcoming Communities TE WAHAROA KI NGĀ HAPORI

# WELCOMING ACTIVITIES GRANT

APPLICATION FORM

## Applicant Details

| | |
|---|---|
| Application reference number | |
| Name of group/organisation | |
| Name of contact person | |
| Email address | |
| Phone details | |

## Eligibility

| *Please tick all that apply:* | |
|---|---|
| ☐ | Live within the Whanganui District |
| ☐ | Funding will be used within one year or impact starts within the year for ongoing activities |
| ☐ | Have not received a Welcoming Activity grant within last 12 months |
| ☐ | Have not received any other council funding for this activity |

## Welcoming Activity Details

| | |
|---|---|
| Name of activity | |
| Summary of activity, including:<br><br>How the grant will enhance newcomer experiences in Whanganui.<br><br>*No more than 150 words.* | |

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| | | | |
|---|---|---|---|
| Which outcome(s) does the activity align to?<br><br>*See 'useful links' for more information on the outcomes* | ☐ Inclusive Leadership<br><br>☐ Welcoming Communications<br><br>☐ Connected and Inclusive Communities | ☐ Equitable Access<br><br>☐ Economic Development, Business and Employment<br><br>☐ Culture and Identity | ☐ Welcoming public spaces<br><br>☐ Civic engagement and participation |
| Funding amount requested ($) | | | |
| Brief explanation as to what the funding will be used for | | | |
| Activity start date | | | |
| Activity end date | | | |
| Attach any files which support your application (optional) | | | |

**Declaration/Consent**

Under the Privacy Act 1993 I hereby declare that, to the best of my knowledge and belief, the information supplied here on behalf of my organisation is correct, and consent to Whanganui District Council collecting the personal details provided and retaining and using these details. I undertake that I have obtained the consent of the other persons to provide these details. I acknowledge my right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

☐ Yes ☐ No

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| **Conflict of Interest**<br>Please declare any actual, potential, or perceived conflicts of interest relating to this application, including any known personal, professional, or financial relationships with the decision-making panel. |
|---|

**Send Completed form to**

A: Community Wellbeing Team, Whanganui District Council, 101 Guyton Street

E: communitywellbeing@whanganui.govt.nz

P: 06 349 0001

**Useful Links**

Whanganui Welcoming Plan

Welcoming Communities Standard for NZ