

# COVID-19 Community Support Grant 2020

## Form Preview

### Welcome / He mihi

#### Important information

- Are you a food-bank or community-based organisation in Auckland Tāmaki Makaurau providing essential supplies or support to people with immediate needs that are attributable to the impact of COVID-19?
- Are the costs your organisation is experiencing temporary and in addition to your normal operating costs?

If you answer YES to the questions above, we might be able to provide you with financial assistance to support the COVID-19 related work you are doing.

A government support package is being delivered through regional Civil Defence Emergency Management groups. Read more about it [here](#).

Contact a grants advisor at [communityfunding@aucklandcouncil.govt.nz](mailto:communityfunding@aucklandcouncil.govt.nz) or phone 021 292 7050 to speak to a grants advisor, if you need advice on your application,

**Please note technical support is only available from 8:30 am to 5:00pm weekdays.**

### Contact Details / Ngā kōrero whakapā

\* indicates a required field

#### Applicant

##### **Name of your Organisation \***

Organisation Name

Must match the name on the bank account information supplied

##### **Are you registered as a social sector organisation providing essential services? \***

☐ Yes ☐ No

Listed as an organisation providing essential services under MSD

Please click [here](#) for the Register of social sector organisations providing essential services

#### Address

##### **Physical Address**

\*

Address

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Suburb    Town/  
City    Postcode

  

Must be a New Zealand postcode

Please click [here](#) for the postcode finder website

**Is your postal address different from your physical address? \***

☐ Yes ☐ No

If yes, please complete below

**Postal Address \***

Address

  

Suburb    Town/  
City    Postcode

  

Must be a New Zealand postcode

Please click [here](#) for the postcode finder website

**Are you GST registered? \***

☐ Yes ☐ No

**What is your GST number?**

Must be a number.

Must be a number

**What is the legal status of your organisation/group? \***

☐ Incorporated Society    ☐ Charitable Trust    ☐ Limited Liability Company    ☐ School    ☐ Maori Trust    ☐ Other:

**What registration numbers apply to your organisation?**

(Please provide all applicable numbers)

**New Zealand Companies Office incorporated society number**

Must be a number.

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Please click [here](#) to visit the Societies and Trusts website

### Charity Registration Number (CRN)

The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

New Zealand Charities Register Information
Charity Registration Number
Organisation Name
Other Names
Status
Street Address
Postal Address
Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

### NZ Companies Register

The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.

New Zealand Companies Register Information
NZBN
Entity Name
Registration Date
Entity Status
Entity Type
Registered Address
Office Address

Must be formatted correctly.

### Primary contact

\*

First Name

Last Name

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**Position held in organisation \***

**Daytime phone number \***

This needs to be the phone number of the person we should contact if we have any questions about your application

**Mobile phone number \***

**Email address \***

Must be an email address.

## Organisation's purpose

\* indicates a required field

**Briefly describe the main purpose of your organisation: \***

**What support do you usually provide (non COVID-19)? \***

eg: number of usual food parcels requests per week

**Please explain how you have been supporting people with immediate needs that have occurred as a result of COVID-19. \***

**What geographical area or suburbs do you operate in? \***

**Hours of operation: \***

**Number of households served: \***

Must be a number.

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**Please tell us which ethnic groups you have been supporting through COVID-19.**

- ☐ Specific ethnic group ☐ All/everyone

**If your funds benefits a specific ethnic group please select any that apply: \***

- ☐ New Zealand European ☐ Other European ☐ Māori ☐ Pacific Peoples ☐ Chinese  
☐ Korean ☐ Indian ☐ Other Asian ☐ Middle Eastern ☐ Latin American ☐ African  
Other

## Funding details

\* indicates a required field

### Effects of COVID-19

**What effects of the COVID-19 pandemic are you experiencing? \***

- ☐ Increased demand for existing services  
☐ Demand for new services  
☐ Reduction in income to your organisation  
☐ Increased cost of providing services  
☐ Other

**If selected 'Other', please describe your organisation's needs and how this differs from normal**

### Funding request

**Amount requested:**

\$

Must be a dollar amount.

**What kinds of costs will the reimbursement cover? \***

**How long do you expect this funding to support your services? \***

**Have you received or applied for any other funding to cover this increased demand under COVID-19? \***

- ☐ Yes ☐ No

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### Please provide details of other funding

## Supporting documentation / Ngā puka tautoko

\* indicates a required field

### Financial attachments

**Applicant name must match the name on the bank account information supplied.**

**Proof of bank account number (must be one of the following):**

- Bank deposit slip
- Certified bank statement (certified means bank details stamped and signed by the bank teller)
- A letter from the bank on the bank's letterhead confirming the bank account holder name and bank account number
- Print screen or image capture of an on-line bank statement confirming the bank account holder name and bank account number. This must include the bank logo and URL

**Please attach proof of bank account details \***

Attach a file:

### Supporting project documentation

**Do you have any other information to support your application?**

Must be no more than 100 words

**Attach any supporting documents you feel might help us understand the need for funding**

Attach a file:

## Declaration and privacy / Ngā whakīnga whai pānga me te noho tapu o ngā kōrero

\* indicates a required field

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Note: Auckland Emergency Management reserves the right to subsequently decline an application or request a refund of a grant if any of the above information is found to be incorrect.

**I/We certify that to the best of our/my knowledge the information contained in this application is correct \***

☐ Yes ☐ No

**I/We confirm that any funds granted will only be used for the activity described in this application \***

☐ Yes ☐ No

**I/We confirm that to the best of our/my knowledge I/we have no perceived , potential or actual conflict of interest in applying for or using any grant funding \***

☐ Yes ☐ No

**If you have answered no to any of the above, please provide details below:**

Must be no more than 100 words

- **I/We understand that Auckland Council is bound by the Local Government Official Information and Meetings Act 1987**
- **I/We understand that my/our name and brief details about the project may be released to the media or appear in publicity material**
- **I/We understand that I/we have the right to have access to this information**
- **I/We undertake that I/we have obtained the consent of all people involved to provide these details.**

**\***

☐ Accept ☐ Decline

**Date:**

When your application is submitted you will receive an automatic confirmation email that the application has been received from Smartygrants. If you do not receive an email confirmation, please check to see if the email has been treated as "spam".

**Auckland Emergency Management will assess your request against these criteria:**

- Be for costs faced by the food-bank or other community organisation that are temporary and additional to their normal operating costs, as a result of COVID-19
- Be for reasonable costs that are directly related to the provision of food and other essential household items to people who have immediate needs as a result of COVID-19

Auckland Emergency Management will then be in touch with our decision based on those criteria.

### Privacy

Any personal information that you provide in this form will be held and protected by Auckland Council in accordance with our [privacy policy](#) and with the Privacy Act 1993. Our privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.