Form Preview

Welcome / He mihi

Important information

Please check which <u>local board area</u> you are in, read through the local board <u>grant programme</u> and <u>applicant guide</u> before completing this form. These tell you:

- Who is eligible to apply
- What we don't fund
- What information you will need to include in your application.

If you are applying for support from three or more local boards please submit an application to the Multi-board grant round rather than this local grants round.

All applications must be completed and submitted using this online application form. Remember to save as you work.

If you have limited computer access, you can <u>book a computer</u> or <u>librarian</u> for one hour in one of <u>Auckland's libraries</u>. Ensure you take all the required documents saved on a memory stick so you can upload these in your application form.

Contact a grants advisor at communityfunding@aucklandcouncil.govt.nz or phone 09 301 0101 if you need advice on your application.

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

Documents you may need to complete this application form:

- audited accounts, financial statements
- annual report
- minutes or letter from chairperson showing decision to apply
- letters of support
- letter of agreement from school/s if your project is being delivered in a school
- any permits necessary if your project is on public land
- evidence of bank account number

Contact Details / Ngā korero whakapā

* indicates a required field

Applicant

Organisation/individual name *		
○ Individual	 Organisation 	
Organisation Name		
First Name	Last Name	

Must match the name on the bank account information supplied
Address
Physical Address
* Address
Suburb Town/ Postcode City
Must be a New Zealand postcode
Please click <u>here</u> for the postcode finder website
Is your postal address different from your physical address? * O Yes O No If yes, please complete below
○ Yes ○ No
O Yes If yes, please complete below Postal Address *
O Yes If yes, please complete below Postal Address *
Postal Address * Address Suburb Town/ Postcode City
O Yes If yes, please complete below Postal Address * Address Suburb Town/ Postcode City Must be a New Zealand postcode
Postal Address * Address Suburb Town/ Postcode City Must be a New Zealand postcode Please click here for the postcode finder website
Postal Address * Address Suburb Town/ Postcode City Must be a New Zealand postcode Please click here for the postcode finder website Website

Contact details

Admin contact person * First Name Last Name	Project contact person (must be a different person from the admin contact and needs to be a signatory designated for the organisatio or group). * First Name Last Name
Position held in organisation (if applying as an organisation) *	
	Position held in organisation (if applying as an organisation) *
Daytime phone number *	
	Daytime phone number *
Mobile Phone Number	
	Mobile phone number
Email address *	Email address
* indicates a required field What is the legal status of your organisa Incorporated Society Informal group organisa Informal group or legal struction. What is a legal structure?	ation/group? * □ Limited Liability Company □ School □
 Having a legal structure means your organisa incorporated societies trusts registered under the Charitable Tr companies with charitable purposes / so school board of trustees Māori trust boards. If you are unsure please contact a grants adv communityfunding@aucklandcouncil.govt.nz. 	rusts Act 1957 cial enterprises isor at
Please indicate which category your app O Applying for up to \$1,000	

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Applicants with no formal legal structure may apply for grants up to \$1,000 without the need to nominate an umbrella organisation.

Applicants with no formal legal structure seeking grants over \$1,001 need to either:

Select one option below *

- O Nominate an umbrella organisation (which has agreed to receive and administer the grant on your behalf) the umbrella organisation will be legally accountable to Auckland Council for the expenditure of the grant
- O Agree to have funds released via reimbursement after the project accountability has been satisifactorily completed

If you are unsure, check with a Community Grants Advisor 09 301 0101 | communityfunding@aucklandcouncil.govt.nz

What registration numbers apply to your organisation?

(Please provide all applicable numbers)

New Zealand Companies Office incorporated society number

Must be a number

Please click here to visit the Societies and Trusts website

Charities NZ Registration

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

Form Preview

ΝZ	Com	panies	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

Organisation objectives

What activities or services does your organisation provide? *

Word count:

Office Address

Must be no more than 200 words. Must be no more than 200 words

Umbrella Organisation Details / Ngā kōrero mō tō Rōpū Matua

* indicates a required field

Name of your Umbrella Organisation * Organisation Name		
Postal a Address	address *	
Suburb	Town/ City	Postcode
Must be a	a New Zeala	and postcode

Please click <u>here</u> for the postcode finder website

Contact person * First Name	Last Name		
riist ivaille	Last Name		
Position in organisa	tion *		
_			
Daytime contact nur	mber *		
Email address *			
_	atus of your umbrella		O Oth am
Incorporated society	 Charitable trust 	Limited liability company	Other:
•		, ,	
New Zealand Compa	nies office incorpora	ted society number	
Must be a number			
Please click <u>here</u> to vis	it the Societies and Tru	ısts website	
NZ Companies Regis	iter		
The NZBN provided wil	ll be used to look up the	o following information	Click Lookup above to
	ntered the NZBN correc	e following information. ttly.	Click Lookup above to
New Zealand Companies	Register Information		
NZBN			
Entity Name			
Registration Date			
Entity Status			
Entity Type			
Registered Address			
Office Address			
Charities NZ Registr	ation		
The Charity Desister !	on Numahan masidala di 19	l bo upod to lock well	following informs the
		I be used to look up the ntered the Charity Regis	
correctly.	, , , , , , , , , , , , , , , , , , ,		
New Zealand Charities R	egister Information		

Charity Registration	
Number	
Organisation Name	
Other Names	
Status	
Street Address	
Postal Address	
Telephone	
Fax	
Email	
Website	
Date Registered	
	J
Local Board Details / Ngā kōrero e hāngai ana ki	to Poari a-Rohe
* indicates a required field	
Which of the local boards are you applying to for this projec	t?
Applicants seeking support from two local boards need to com	plete two separate
application forms.Applicants seeking support from three or more local boards sho	auld apply for funding vi
the Multi-board grant round .	Julu apply for fulluling vis
 The project must align with the priorities of each local board se 	lected.
Please note: Your grant request must be for more than the minimule each local board you select. Grants Advisors can assist if required.	um grant amount set by
To find what local board area your project is taking place in	nlease visit the local
board finder tool.	prease visit the <u>locar</u>
To which of the following worth local beauty are your supplies.	3 *
To which of the following north local boards are you applyin O Devonport-Takapuna O Kaipātiki O Up	per Harbour
O Hibiscus and Bays	•
Dovonnort Takanuna Prioritios	
Devonport-Takapuna Priorities	
Select the main Devonport-Takapuna priority your project so	upports *
Here does now well at suppose the calculated male site 2 *	
How does your project support the selected priority? *	
Word count:	

Hibiscus and	Bays Priorities			
Select the mair	Hibiscus and Bays pr	ority your proje	ct supports *	
How does your	project support the se	elected priority?	*	
Word count:				
Kaipātiki Prio	rities			
Select the mair	n Kaipātiki priority you	r project suppor	ts *	
How does your	project support the se	elected priority?	*	
Word count:				
Upper Harbo	ur Priorities			
Select the mair	u Upper Harbour priori	ty your project s	upports *	
How does your	project support the se	lected priority?	*	
Word count:				
Project Deta	ils / Ngā pārongo	mahinga		
* indicates a requ	uired field			
What is the ma	in project type?			
is the main focus	only. If your project/actions. If you do not know the mples and definitions.			
* Arts and culture	Community () Environme	○ Events	○ Historic Heritage	Sport and recreation

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Project title *
Must be no more than 10 words
Project location *
This means the building name, street address, location of event or venue where the project will happen.
Is your project on council owned property/land? *
O Yes If you are hosting an event or activity or programme on council park or building, you may continue with your application. If this project includes building maintenance or renovation to a council owned building or property you must contact a Grants Advisor 09 301 0101 communityfunding@aucklandcouncil.govt.nz . *Please upload your lease agreement on page 8 only if you are undertaking building works or maintenance.
Is your project on council owned property/land? O Yes O No
O Yes If you are hosting an event or activity or programme on council park or building, you may continue with your application. If this project includes building maintenance or renovation to a council owned building or property you must contact a Grants Advisor 09 301 0101 communityfunding@aucklandcouncil.govt.nz . *Please upload your lease agreement on page 8 only if you are undertaking building works or maintenance.
What are the start and end dates for your project?
Please check <u>Local Board Grant programmes</u> for project start dates
Start date *
The project start date should be no earlier than the decision date.
End date *
Community benefits
Please describe your project in three to four sentences *
Word count: Must be no more than 120 words

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What are the community benefits of your project? *

Word count:	
Must be no more than 200 words.	
How will you measure these benefits? *	
Word count:	
Must be no more than 150 words.	d autopropa of the project accur
Describe three changes you will see if the expecte	a outcomes of the project occur
What expertise does your organisation h	nave in delivering similar projects? *
Word count:	
Must be no more than 120 words. Must be no more than 120 words	
Are you a school or church?	
○ Yes	○ No
How does your project benefit the wider	community? *
e.g how will the community access facilities and as	ssets after school or church hours? How are
members of the community invited to participate i	
Participants	
·	
Please specify the estimated number of	people attending this activity *
If your activity does not have attendees, please sp	ecify the number of people reached.
What percentage of the participants are	from the local board area? *
what percentage of the participants are	nom the local board area:
Must be a number.	
Collaborating organisations or indiv	viduals
Conducting organisations of man	/Iddul3
Will any other organisations or individuals be	
including volunteer groups? Please list them a	and their role.
Collaborating organisation/individual	Contribution to project

Project plan / Mahere mahi	nga	
Please complete the table belo	ow .	
Tasks - what will you do?	By when (date)?	What will you achieve?
Healthy environment ap	oproach	
	promote a healthy environm	nent approach for your
project? □ Promote smoke-free messa	anes	
☐ Include waste minimisation		
	nd drink, including water as the	
	es including movement or fitnes f carbon emissions or increase o	
impacts of climate change*	carbon cimissions of increase of	community resilience to the
	tion and food waste reduction; incre	
local tree planting and streamside	e revegetation; education about sus	stalliable lifestyle choices
Please explain how you will	l promote each of these opti	ions
Word count:		
Please click <u>here</u> to find more info	rmation on healthy environment pr	rinciples
Māori Outcomes		
ridori odicornes		
Auckland Council provides fund	ding for Māori and wider organi:	sations to uplift Māori well-
being and achieve better outco	omes with Māori.	
Will your project/activity to	raat Māari ar Māari autsam	053
	rget Māori or Māori outcom rganisation that is applying or N	
a request from Māori)		(
☐ Māori involvement in the d) (I)
	tices), mātauranga (knowledge)), reo (language) gh representation or Māori staff
delivering	priority group, target group, mg	gri representation or maon stan
☐ No Māori outcomes identifi		
	ents, Māori sculpture and public art Māori social, economic, and cultura	
	mana whenua or Māori organisatio	
Dioaco ovalaia hou vous	oloct/activity will achieve th	o abovo Māsei sutsamas *
Please explain now your pr	oject/activity will achieve th	le above Maori outcomes *
Word count:		
Must be no more than 120 words.		

Events Applicants only	
Rain date Start date	End date
Is a Contractor/3rd Party/Prod ○ Yes	lucer helping to deliver the project? ○ No
Contractor/3rd Party/Produce	r name
Contact person *	
Daytime phone number *	
Email address *	
	nd Historic Heritage Project Information / o te Kaupapa ā-Taiao, ā-Taonga Tuku Iho
* indicates a required field	
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Is your proposed project: * O A continuation of previous work	k O A new initiative
O 7. Commission of provious work	
Does your project have an exis	sting management plan?
e.g. conservation plan or restoration	· ·
Please attach existing manage Attach a file:	ement plan

Please provide details of any expert advice you have sought to guide your project

Must be no more than 100 words	
Please provide details of any Auckland Cou contact with regarding this site	uncil staff members you have been in
Who is going to manage and maintain the	project when it is completed?
Must be no more than 100 words	
Does any part of your project require a sta archaeological? *	tutory consent e.g. resource or
-) No
Environment applicants only	
	Māori land O Council land Other:
owned public land	21-2 Ad January 00 2010101 M5-2 January
For work on Council owned land please contact a Gra include Māori customary, freehold or reserve land.	nts Advisor on 09 3010101. Maori land can
If you do not own the project site please at Attach a file:	ttach permission from the landowner
What are the environmental benefits of th	is project? *
Must be no more than 100 words	
What actions (if any) have been taken so f	ar with this proposed project? *
Must be no more than 100 words	

Site details / Papa mahi

For further information please visit the Auckland Council maping and property information service <u>here</u>.

Please provide a clear site map showing where your project will take place Attach a file:

e.g. including planting site and fence line etc			
What is the site area?	What is the area of planting proposed (if applicable)?		
metres	square metres		
What is the length of the stream (if applicable)?	What is the length of fencing proposed (if applicable)		
metres	metres		
What is the size of the bush remnant (if applicable)?			
square metres			
Please provide current photos of yo Attach a file:	ur project site *		
Please provide a plant list with details on species and quantity. Attach a file:			
Please provide details of any curren arrangements for the project site e. conservation covenants, or land ma			
Historic Heritage applicants on	ly		
How is this building, site or object u	ised? *		
Must be no more than 100 words			
	e item. Other information such as drawings st in the understanding of the project should		

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What are the heritage values of the building site or object? eg historical or cultural values *
How urgent are the works to avert severe deterioration of the heritage item? *
Is the heritage item accessible or visible to the public, and how do you intend to promote the project in the community? *
Consider if people can physically access the site, is access available year round or during events, what hours is the site open, is the site visible from the street.
Project Budget / Te tahua ā-kaupapa whakahaere
* indicates a required field
How much funding are you requesting in this application? *
How much funding are you requesting in this application? * \$
Must be a dollar amount. What is the total financial support you are requesting in this application?
What part of the project are you requesting funding for? *
Must be no more than 100 words
Is there a cost of participation for this project? If so, please state the cost. (e.g. ticket cost or programme fee) *
Are you GST registered? * O Yes O No
What is your GST number? *
Must be a number.

Table one: expenses/costs for the project

Please provide costs for the items that you are requesting funding for, from the local board.

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Please attach a quote or evidence of costs such as screenshots with costs or past invoices. These need to include GST in the total cost, if you are not GST registered.

If your organisation or company is GST registered, your grant should exclude GST.

Please list the items for your requested funding (e.g. venue hire, advertising costs)	Total cost of item	Amount of funding requested from the local board	Attach quote
	\$	\$	
		Must be a dollar amount.	

Table two: project income

This section tells us about any income you estimate that you may get for your project. If your organisation charges participants to attend your project/event, how much do you charge the participants? e.g. membership, ticket sales, sale of artwork, donations, sponsorship, other fundraising etc. This also includes adult entry fee and programme registration.

Do not include funds requested from this application or applications made to other organisations.

Project income (e.g. 100 tickets @ \$20 Amount each, registration 20 people \$5.00 each)

, ,	
	\$
Please seperate each cost out e.g. ticket sales one	
line and then art sales on the next	

Table three: other funding sources for the project/activity

This section tells us about any other funding that you hope to receive for this project/ activity, e.g. contestable funding from Foundation North, Department of Internal Affairs, Central Govenment contracts. Please include applications made to other local boards.

ding organisation or vidual	Amount	Pending / approved
	\$	

Donated materials for the project/activity

Please provide details of any donated materials which is contributed to this project (donated equipment, materials, venue hire) and the value of this item.

Note: Local Board funding can not be requested towards items provided as non-monetary support.

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Description of materials	\$
	\$

Volunteer numbers and time

Please detail the number of hours in volunteer time, contributed to this project and the value of this contribution. The value of volunteer time can be calculated using the living wage of \$21.15 per hour.

Note: Local Board funding is not part of the volunteer time.

Number of volunteers	Total number of volunteer hours	Total value of volunteer time
		\$
Must be a number.	Must be a number.	(Based on the living wage for 2019) This number/amount is calculated.

Funding summary

Confirmed or approved as at the time of filling out this application.

Total Expenditure Amount	\$		
	This number/amount is calculated. Total of table one		
Total income amount	\$		
	This number/amount is calculated. Total of table two		
Total other funding	\$		
sources	This number/amount is calculated. Total of table three		
How much are you/	\$		
your organisation contributing? (Excludes income from 'Table three') *	Must be a dollar amount e.g. \$1,227.81		

If the local board(s) is unable to fund the amount you have requested, would your project still go ahead? *

○ Yes

○ No

If only part of your project can be funded, how would you amend your project plan or make up the difference? *

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Word count:
Must be no more than 100 words.
Please explain and indicate an amount.
Acknowledgement and promotion
Acknowledgement and promotion
Do you plan to promote/market/advertise your project? *
O Yes
Please note we will require you to attach examples of communications and local board acknowledgement when filling the project report
deknowledgement when ming the project report
If yes, please provide details on how, including how you will publicly acknowled the local board's contribution?
the local board's contribution:
Word count:
Must be no more than 120 words.
Dans a sure white / No.5 technic technical
Demographics / Ngā tatau taupori
* indicates a required field
To help council and local boards better understand who will benefit from this project, pl
indicate below who this is targeted at. This is for internal use only.
, , , , , , , , , , , , , , , , , , ,
Will your project be accessible to people with disabilities? *
Yes No Long term disability is defined as lasting six months or more and stops people from doing everyd
things other people can do.
Please explain how
Word count: Must be no more than 120 words.
MUSE DE NO MOTE CHAIT 120 WOLUS.

What proportion of your project is targeted at the following age groups?

If your project is not targeted to any specific age group please enter 100 in the 'All ages' box.

The total number for all the age groups must add up to 100.

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Percentage of age groups			
Numbers only % symbol is not needed			
All ages	6 - 14 years	25 - 65 years	
0 - 5 years	15 - 24 years	65+ years	
Please tell us which ethnic groups will benefit from your project? O Specific ethnic group O All/everyone			
If your project 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			
What proportion of your project is targeted at male/female participants?			
If your project is not targeted to either gender group please enter 100 in the 'All' box.			
(numbers only," %" symbol is not needed)			
Percentage of male	Percentage of female	All - not targeted at either male/female	
Must be a number.	Must be a number.	Must be a number.	

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

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• 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 det Attach a file:	:ails *
The name on the bank account should match the	applicant name.
Please attach proof of bank account det Attach a file:	ails for the umbrella organisation *
D 6 6	
report * Attach a file:	atements, which may include your annual
Please upload minutes from your organi authorising your application * Attach a file:	isation or a letter from an officeholder
Supporting project documentation	
Do you have any other information to su	upport your application?
Must be no more than 100 words	
Attach any supporting documents you for Attach a file:	eel might help us understand your project.
If you are working with schools or early attach a letter of acceptance/agreement Attach a file:	childhood education providers you must t from each provider.
Please upload your council lease agreen or maintenance. Attach a file:	nent if you are undertaking building works

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IIMARAIIS	Arabnication	CLINACTINA	documentation
OHIDICHA	uluallisatiuli	SUDDUI LIITU	documentation
	- : j - : : : : : : : : : : : : : : : : : :		

Please attach a letter of approval from t Attach a file:	he umbrella organisation *
Declaration and privacy / Ngā wł tapu o ngā kōrero	nakīnga whai pānga me te noho
* indicates a required field	
Note: Auckland Council reserves the right to a refund of a grant if any of the above inform	subsequently decline an application or request ation is found to be incorrect.
I/We certify that to the best of our/my ki this application is correct *	_
○ Yes	○ No
I/We confirm that any funds granted will this application *	only be used for the activity described in
○ Yes	○ No
I/We confirm that I/we will submit to the and supporting paid invoices and receip registered groups, within 60 days of the Yes	ts (GST exclusive) that applies to GST
I/We confirm that to the best of our/my I potential or actual conflict of interest in \bigcirc Yes	knowledge I/we have no perceived , applying for or using any grant funding * No
For guidance on whether you have a perceive	ed, potential or actual conflict as a result of

For guidance on whether you have a perceived, potential or actual conflict as a result of applying for and using grant funding you should consider the following matters - if in doubt you should declare the conflict.

A conflict of interest could arise where you (the applicant) have a responsibility as a result of receiving council grant monies. This could affect another responsibility, duty or relationship you may also have.

For example

- If you are an Auckland Council employee/local board member or a councillor
- If your organisations committee or board member is an Auckland Council employee/ local board member.
- Personal or family relationships that you have
 - with council employees
 - with council contractors
 - organisations or persons that you will procure services from with the grant monies
- Financial relationships

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• e.g. investments that you have in entities that you will procure services from with the grant monies

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

- Employment relationships or membership of clubs
 - e.g. you intend to procure services with the grant monies from your employer or a club you are a member of who will benefit financially from the arrangement.

Must be no more than 1	100 words		
Official Informa • I/We understare released to the released to the released to the enderstare released.	media or appear in p nd that I/we have the e that I/we have obta	ct 1987 and brief details a publicity material right to have acce	ne Local Government bout the project may be ess to this information f all people involved to
*			
○ Accept		 Decline 	
Date:			
that the application has confirmation, please If you need assistance	on is submitted you will mas been received from check to see if the emaste please contact the Coaucklandcouncil.govt.nz	Smartygrants. If you il has been treated a mmunity Grants Adv	do not receive an email s "spam". isor at
Are you a first time ○ Yes	e applicant? *	○ No	
New Section			
How did you find o ○ Council website	ut about this grant? O Local board member	○ Radio	Word-of-mouth
 Council mail-out 	Local newspaper	 Social media 	Other:
Council staff member	○ Poster/flyer		
Privacy			

Any personal information that you provide in this form will be held and protected by Auckland Council in accordance with our <u>privacy policy</u> 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.