

20/21 Accommodation support application form

Form Preview

Welcome

Accommodation support grants for community groups

Community organisations can apply for accommodation grants to cover:

- rental and/or lease payments
- Auckland Council rates
- regular, ongoing venue hire costs.

Applications must be for amounts between \$2,500 and \$20,000.

Submission of applications closes 10pm Friday 19 March 2021

Please note there will be no technical support provided after 5pm.

Before completing this form

- Please ensure that your accommodation request [meets the criteria and aligns with the priorities](#) of this grant as outlined in the [Albert-Eden](#) or [Waitematā](#) local board grant programme.
- All applications must be submitted online using this form.
- Your application form can be saved and returned to as you complete the form.
Remember to save often!

If you have limited online access, you can [book a librarian](#) or computer in one of Auckland's libraries. Ensure you take all the required attachments and answers saved on a memory stick to the library to upload it into your online form.

Contact the community grants advisor at community.funding@aucklandcouncil.govt.nz if you need advice on your application.

Some documents you may need to complete this application form:

- Audited accounts, financial statements
- Annual report
- Minutes/letter from chairperson showing decision to apply
- Evidence of bank account number
- Evidence of accommodation costs
- Letters of support

Accommodation grant criteria checklist

- applicants need to be a community organisation, as outlined in the Community Grants Policy
- accommodation costs applied for are for the period 1 July 2021 - 30 June 2022

20/21 Accommodation support application form

Form Preview

- evidence of the accommodation costs are provided
- the organisation is not the leaseholder of an Auckland Council community lease or community occupancy agreement
- if the applicant is requesting a grant for a venue that has an Auckland Council community lease or community occupancy agreement, the council's approval for the sub-lease or hireage needs to be verified by the applicant.
- the application cannot be for hireage costs of a council managed venue or externally managed council facility
- the organisation is located in the local board you are applying to and benefits the local board area.
- the organisation has been operating for a full financial year prior to the application date.
- the organisation has provided its last full year financial statements and/or audited accounts.
- the application is not for religious ministry activities
- the organisation is not a political party or the grant requested is not for the purposes of a political party.

If you are not able to tick all the above boxes, please contact your community grant adviser to discuss if this grant is right for you. Phone 09 301 0101 or email community.funding@aucklandcouncil.govt.nz

Organisation details

* indicates a required field

Organisation (legal name) *

Organisation Name

Physical address *

Address

Suburb Town/
 City Postcode

Postal address *

Address

Suburb Town/
 City Postcode

20/21 Accommodation support application form

Form Preview

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 organisation) *

First Name

Last Name

Position in organisation *

Position in organisation *

Daytime phone *

Daytime phone *

Mobile phone

Mobile phone

Email address *

Email address *

What is the legal status of your organisation? *

Incorporated society

Charitable trust

Limited company

No formal legal status

Other:

What registration numbers apply to your organisation?

(Please provide all applicable numbers)

New Zealand Companies Office incorporated society number

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

NZ Business Number(NZBN)/ Company Number

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

20/21 Accommodation support application form

Form Preview

Entity Status
Entity Type
Registered Address
Office Address

Must be formatted correctly

Please click [here](#) to go to the Companies Office website.

NZ Charity Registration Number (CRN)CC

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

Please click [here](#) to go to the Charities Commission website.

What is the main focus of your organisation? *

- Arts and culture Community Environment Events Historic Heritage Sport and recreation

What activities or services does your organisation offer? *

Word count:

Must be no more than 150 words.

Has your organisation been operating for more than 12 months? *

- Yes No

20/21 Accommodation support application form

Form Preview

If you are affiliated with a national or regional body please name the organisation below.

Have you received support from Auckland Council in the last three years, either funding or non-financial? If so, please explain.

This includes: grants, contracts/funding arrangements, community leases, community loans, sponsorship, rates remission or rebate grant, working with Council staff, products supplied by Council.

Accommodation information

* indicates a required field

Which local board area is your premises located in? *

Albert-Eden Waitemata

Please select only select one local board area

How many people from this local board area directly benefit from your organisation's activities? *

What local board areas benefit from your organisations activities/services? What percentage of your activity will take place in each of these areas?

Click [here](#) to visit our local boards webpage

Local board benefiting

% of total benefit

Local board benefiting	% of total benefit
	The total of this column must not be more than 100(%)

How do the activities or services your organisation offers benefit the local board area you are applying to? *

Word count:

Must be no more than 150 words.

Please explain how your organisation aligns with the local board grant priorities as outlined in their grants programme? *

20/21 Accommodation support application form

Form Preview

Word count:
Must be no more than 150 words.

What is the identified need for your organisation to operate out of the premises you are located in? *

Word count:
Must be no more than 150 words

Acknowledgement

How will you acknowledge the relevant local board if your application is successful? *

Financial information

* indicates a required field

Are you GST registered? *

Yes No

What is your GST number? *

For the following questions:

- If you or your group are GST registered, please **do not** include GST in the amounts.
- If you or your group are **not** GST registered, please **do** include GST (where applicable) in the amounts.

What are your total accommodation costs for the 2020/2021 financial year? *

\$

How much are you requesting from the local board towards your accommodation costs? *

\$

Please provide details of your accommodation costs and your organisation's contribution towards covering these costs.

Accommodation location	Accommodation costs for a full year	Amount you are contributing
-------------------------------	--------------------------------------------	------------------------------------

20/21 Accommodation support application form

Form Preview

Address and name of facility (if relevant)		
	\$	\$

Please confirm that the accommodation costs applied for are for the period 1 July 2021 to 30 June 2022.

Yes No

Other sources of funding

Have you (or will you) apply to any other organisations for funding for your accommodation? *

Yes No

If you are applying to other funding sources, who are they and how much will they provide?

Name of funder	Amount applied for	Status of funding request	Amount received
	\$		\$

If you were to be part funded (or the maximum grant of \$20,000 does not cover the amount needed for your yearly accommodation costs), how would you cover the shortfall?

Word count:

Collaboration and demographics

* indicates a required field

Have you looked at lower cost locations or shared/collaborative spaces? *

Yes No

If YES, please explain.

Word count:

Must be no more than 100 words

Collaborating organisations or individuals

20/21 Accommodation support application form

Form Preview

Does your organisation work in collaboration with other groups? E.g. shared programmes, volunteer engagement, partnerships, etc. Please list them and indicate their role.

Organisation name	Briefly explain their role

Māori Outcomes

Auckland Council provides funding for Māori and wider organisations to uplift Māori well-being and achieve better outcomes with Māori.

Will your project/activity target Māori or Māori outcomes? *

- Yes No

Māori outcomes include Māori events, Māori sculpture and public art or protection of Māori cultural heritage e.g. wahi tapu. Improving Māori social, economic, and cultural well-being. Uses matauranga and tikanga Māori and works with mana whenua or Māori organisations to produce shared outcomes.

Please select which Māori outcome applies to your project? *

- Māori led - either a Māori organisation that is applying or Māori directed (came about as a request from Māori).
 Māori involvement in the design/concept
 Māori focus - tikanga (practises), mātauranga (knowledge), reo (language)
 Māori participation - Māori priority group, target group, high representation or Māori staff delivering

Please explain how your project/activity will achieve the above Māori outcomes. *

Word count:

Must be no more than 120 words

Demographics

To help council and local boards better understand who will benefit from this project, please indicate below who this is targeted at. This is for internal use only.

Please tell us which ethnic groups will benefit from your project? *

- Specific ethnic group
 All/everyone

Will your project/activity be accessible to people with disabilities? *

- Yes No Dont know Not applicable

Please explain how your project/activity is accessible for people with disabilities

20/21 Accommodation support application form

Form Preview

Word count:

Must be no more than 150 words

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

(numbers only, " %" symbol is not needed)

0 - 5 years

Must be a number.
Must be a percentage

6 - 14 years

Must be a number.
Must be a percentage

15 - 24 years

Must be a number.
Must be a percentage

25 - 44 years

Must be a number.
Must be a percentage

45 - 64 years

Must be a number.
Must be a percentage

65+ years

Must be a number.
Must be a percentage

All ages

Must be a number.
Must be a percentage

Attachments

* indicates a required field

Please upload evidence of your accommodation costs *

Attach a file:

Please attach a copy of your most recent audited accounts or financial statement.

*

Attach a file:

Please attach proof of bank account. The name of the bank account must be the same as the name of the applicant. This is where funds will be deposited if your application is successful. *

Attach a file:

It must be either be 1) a pre-printed deposit slip; 2) certified bank details; 3) a letter from the bank on the bank's letterhead confirming the bank account holder name and bank account number; or 4) an

20/21 Accommodation support application form

Form Preview

image capture of an online bank statement identifying the bank, the bank account holder's name, the bank account number and the bank's web address (URL).

Please attach a copy of the minutes where this request for funding was approved by your organisation, or a letter from the chairperson of your organisation. *

Attach a file:

Please attach a copy of your most recent annual report.

Attach a file:

(If applicable to your organisation)

Please attach letters of support or other evidence if relevant.

Attach a file:

Letters of support are not required, but will strengthen your application

Declaration and privacy

* indicates a required field

Note: Auckland Council 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. *

- We declare that, to the best of our knowledge and belief, the information supplied here on behalf of our organisation is correct.
- We declare that this application is made with the full knowledge of the organisation we represent.
- We declare that this project is for the benefit of the community and no individual within our group will obtain private or commercial gain as a result of any grant given.
- We confirm that any funds granted will only be used for the activity described in this application.
- We confirm that we will submit to the local board an accountability report and supporting paid invoices and receipts within 60 days of the completion of our accommodation period.
- We confirm that to the best of our knowledge we have no perceived, potential or actual conflict of interest in applying for or using any grant funding.

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

20/21 Accommodation support application form

Form Preview

- 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
 - eg investments that you have in entities that you will procure services from with the grant monies
- Employment relationships or membership of clubs
 - eg 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.

If you you cannot confirm all of the above, please provide details below:

Word count:

Must be no more than 50 words

*

Accept

Decline

Declaration Date: *

Must be a date

*

First Name

Last Name

Position

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".

If you need assistance please contact the Community Grants Advisor at communityfunding@aucklandcouncil.govt.nz or phone 09 301 0101.

Privacy

- **Auckland Council is bound by the Local Government Official Information and Meetings Act 1987**
- **Your organisation name and brief details about the project may be released to the media or appear in publicity material.**

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

20/21 Accommodation support application form

Form Preview

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.

Where did you here about this fund?

- | | | |
|-----------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Applied previously | <input type="checkbox"/> Elected representative(councillor, local board member) | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Council website | <input type="checkbox"/> Local newspaper | <input type="checkbox"/> Word-of-mouth |
| <input type="checkbox"/> Council mail-out | <input type="checkbox"/> Poster/flyer | <input type="checkbox"/> Dont know |
| <input type="checkbox"/> Council staff member | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: <input type="text"/> |