

# Waiheke Ecological Restoration Fund application form

## Form Preview

## Welcome / He mihi

### Important information

Please check which [local board area](#) you are in, read through the local board [grant programme](#) and [applicant guide](#) 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.

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

Sections of the application form will be greyed out because they are not relevant to your project.

If you have limited computer access, you can [book a computer](#) or [librarian](#) for one hour in one of [Auckland's libraries](#). 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](mailto:communityfunding@aucklandcouncil.govt.nz) or phone 09 301 0101 if you need advice on your application. Please note there is no technical support after 5:00pm.

### 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 (must be one of the following):
  - blank pre printed deposit slip
  - certified bank statement or letter
  - online print screen image (must show bank's web address (URL))

## Contact Details / Ngā tohu whakapā

\* indicates a required field

### Applicant

**Organisation/Individual name \***

Individual       Organisation

Organisation Name

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First Name

Last Name

Must match the name on the bank account information supplied

## Address

### Physical Address

\*

Address

  

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

## Website

### Website address

### Facebook page

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### Contact details

**Admin contact person \***

First Name

Last Name

**Position held in organisation (if applying as an organisation) \***

**Daytime phone number \***

**Mobile Phone Number**

**Email address \***

### Applicant details / Ngā kōrero whakapā mō te kaitono

\* indicates a required field

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

Incorporated Society  Charitable Trust  Limited Liability Company  School

Maori Trust

Other

Other: can include not for profit community group, Māori trusts, e.g. putea trust, whanua trust, ahu whenua trust, whenua topu trust and/or kai tiaki trust.

**Please indicate which category your application falls into: \***

Applying for up to \$1,000

Applying for \$1,001 and over

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 \***

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

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Do not wish to nominate an umbrella organisation and therefore agree to have funds released via reimbursement after the project accountability has been satisfactorily completed

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

#### 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

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Entity Status  
Entity Type  
Registered Address  
Office Address

### Organisation objectives

#### What are the primary objectives of your organisation?

Word count:  
Must be no more than 120 words

#### What activities or services does your organisation offer to achieve these objectives?

Word count:  
Must be no more than 120 words

#### Are you affiliated with a national or regional body? \*

Yes  No

If yes, you will be required to provide more information

#### What is the name of the organisation you are affiliated with?

## Umbrella Organisation Details / Ngā kōrero mō tō Rōpū Matua

\* indicates a required field

#### Name of your Umbrella Organisation \*

Organisation Name

#### Postal address \*

Address

  

Suburb    Town/  
            City    Postcode

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Must be a New Zealand postcode

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

### Contact person \*

First Name

Last Name

### Position in organisation \*

### Daytime contact number \*

### Email address \*

### What is the legal status of your umbrella organisation

Incorporated society

Charitable trust

Limited liability company

Other:

### Umbrella New Zealand Companies office incorporated society number

Must be a number

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

### Umbrella 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

### Umbrella Charities NZ Registration

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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

## Project Details / Ngā Kōrero mō tō Kaupapa

\* indicates a required field

### 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.

### Please describe your project in three to four sentences \*

Word count:

Must be no more than 120 words

### When will your project take place?

Start date \*

End date \*

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Please check [Local Board Grant programmes](#) for project start dates

**Is your proposed project: \***

- A continuation of previous work  A new initiative

**Does your project have an existing management plan?**

- Yes  No

e.g. conservation plan or restoration plan

**Please attach existing management plan**

Attach a file:

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

Must be no more than 100 words

**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 statutory consent e.g. resource or archaeological? \***

- Yes  No

**Does your project include work on: \***

- Non-Council owned public land  private land  both land  Māori land  Council owned public land  Other:

Māori land can include Māori customary, freehold or reserve land. For work on Council owned land please contact a Grants Advisor on 09 3010101.

**Please provide details of any Auckland Council staff members you have been in contact with regarding this site**

**If you do not own the project site please attach permission from the landowner**

Attach a file:



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**What are the ecological benefits of this project? \***

Must be no more than 100 words

**Is your site adjacent to or within a significant feature or significant native bush?**

**What actions (if any) have been taken so far with this proposed project? \***

Must be no more than 100 words

### Site details / Papa mahi

For further information please visit the Auckland Council mapping and property information service [here](#).

**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?**

metres

**What is the area of planting proposed (if applicable)?**

square metres

**What is the length of the stream (if applicable)?**

metres

**What is the length of fencing proposed (if applicable)?**

metres

**What is the size of the bush remnant (if applicable)?**

square metres

**Please provide current photos of your project site \***

Attach a file:

**Please provide a plant list with details on species and quantity.**

Attach a file:

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**Please provide details of any current or planned future legal protection arrangements for the project site e.g. QEII, Nga Whenua Rahui, DoC or conservation covenants, or land management agreements**

### Community benefits

**How have you established there is a need for this project? \***

Word count:

Must be no more than 120 words.

**How is the community involved in this project? \***

Word count:

Must be no more than 200 words.

Describe three things you want the project to achieve in terms of benefits for participants and/or others

**How will you measure community involvement? \***

Word count:

Must be no more than 150 words.

Describe three changes you will see if the expected outcomes of the project occur

**How many people are directly involved in the delivery of this project? \***

e.g. team members

**What is the estimated number of people reached through this project?**

### Collaborating organisations or individuals

Will any other organisations or individuals be collaborating with you on this project, including volunteer groups? Please list them and their role.

**Collaborating organisation/individual**

**Contribution to project**

Collaborating organisation/individual	Contribution to project

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### Project plan

Please complete the table below

Tasks - what will you do?	By when (date)?	What will you achieve?

### Is your project on council owned property/land?

- Yes  No

If yes, you must contact a Community Park Ranger: Huw Hill-Male  
huw.hillmale@aucklandcouncil.govt.nz.govt.nz.

### 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 eg wāhi tapu. Improving Māori social, economic, and cultural well-being. Uses mātauranga and tikanga Māori and works with mana whenua or Māori organisations

### 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.

### Project Budget / Te tahua ā-kaupapa whakahaere

\* indicates a required field

### What part of the project are you requesting funding for? \*

Must be no more than 100 words

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**Are you GST registered? \***

Yes

No

**What is your GST number? \***

Must be a number.

### Table one: expenses/costs for the project

Please provide itemised costs of the project. Refer to the application guide for examples of what to include. Only list items you want the local board to fund.

Please attach a quote or evidence such as screenshots of items or past invoices for a similar activity for each listed item over \$150.

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 (were applicable) in the amounts.

**Please list item expenditure and description (e.g. venue hire: 9 hours @ \$20 p/h)**      **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. 1100 tickets @ \$20 each, registration 20 people \$5.00 each)**

	\$
Please separate 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

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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 Government contracts. Please include applications made to other local boards.

<b>Funding organisation or individual</b>	<b>Amount</b>	<b>Pending / approved</b>
	\$	

### 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 cannot be requested towards items provided as non-monetary support.

<b>Description of materials</b>	<b>\$</b>
	\$

### 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 \$20.55 per hour.

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

<b>Number of 'general' volunteers</b>	<b>Total number of volunteer hours</b>	<b>Number of specialised volunteers</b>	<b>Total number of specialised volunteer hours</b>	<b>Total value of volunteer time</b>
				\$

### 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

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**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

**What is the total amount you are requesting in this application? \***

\$

a whole dollar amount (no cents)

**What percentage of your total budget, are you requesting from the local board?**

Must be a number.

**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? \***

Word count:

Must be no more than 100 words.

Please explain and indicate an amount.

## Acknowledgement and promotion

**Do you plan to promote/market/advertise your project? \***

Yes  No

**If yes, please provide details on how**

Word count:

Must be no more than 120 words.

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**How will you publicly acknowledge the local board's contribution towards this project? \***

Word count:

Must be no more than 120 words.

e.g. place logo on printed material, invite local board members to your event, signage, advertising materials etc.

## Demographics / Ngā tatau taupori

\* indicates a required field

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.

**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 everyday things other people can do.

**Please explain how**

Word count:

Must be no more than 120 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 percentage

**15 - 24 years**

Must be a percentage

**65+ years**

Must be a percentage

**6 - 14 years**

Must be a percentage

**25 - 65 years**

Must be a percentage

**All ages**

Must be a percentage

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

Specific ethnic group

All/everyone

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**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

Must be a number.

Percentage of female

Must be a number.

All - not targeted at either male/female

Must be a number.

## Supporting documentation / Ngā pukaTautoko

\* indicates a required field

### Financial attachments

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

**Proof of bank account may be one of these options.**

- 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:

**Please attach proof of bank account details for the umbrella organisation \***

Attach a file:



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**Please attach a copy of your financial statements, which may include your annual report**

Attach a file:

**Please upload minutes from your organisation or a letter from an officeholder authorising your application**

Attach a file:

Supporting project documentation

**Attach any supporting documents you feel might help us understand your project.**

Attach a file:

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

Must be no more than 100 words

**If you are working with schools or early childhood education providers you must attach a letter of acceptance/agreement from each provider.**

Attach a file:

**Please upload your council lease agreement if you are undertaking building works or maintenance.**

Attach a file:

Umbrella organisation supporting documentation

**Please attach a letter of approval from the umbrella organisation \***

Attach a file:

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

\* 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.

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**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 I/we will submit to the local board an accountability report and supporting paid invoices and receipts (GST exclusive) that applies to GST registered groups, within 60 days of the completion of my/our activity \***

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

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

**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**

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- **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".

If you need assistance please contact the Community Grants Advisor at [communityfunding@aucklandcouncil.govt.nz](mailto:communityfunding@aucklandcouncil.govt.nz) or phone 09 301 0101.

**How did you find out about this grant?**

- Applied previously  Council staff member  Poster/flyer  Word-of-mouth
- Council website  Local board member  Radio  Other:
- Council mail-out  Local newspaper  Social media

## 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.