Environmental Grant Application Form 2024
Form Preview

Eligibility

Program

This field is read only.

Applicants: please note

Before completing this application form, you should have read the environmental grants eligibility criteria, council priorities and assessment criteria.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact us at nelson.nature@ncc.govt.nz

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:
- the applicant has read and understood the council priorities and assessment criteria.
- the applicant is able to demonstrate alignment between your project and the priorities for this years funding.
- the applicant grant area is located within the Nelson City Council boundaries.
- the applicant does not owe any reports or money to Nelson City Council as a result of previous funding or grants.
- the applicant has the appropriate type and level of insurance for the activities that are the subject of this grant.

You must confirm that all statements above are true and correct. *
☐ Yes

Contact Details

* indicates a required field

Nelson City Council Privacy Notice

The information on this form, including your personal information, is being collected and will be used by the Environment and Science Team of Nelson City Council to help assess eligibility for an environmental grant, and to communicate with you in relation to your grant application and any follow up requirements (including accountability reporting).

The information will be retained in line with Council's obligations under the Public Records Act 2005.

Please contact the Environment Grants Administrator or your Environmental Programmes Adviser in the first instance for any questions relating to the grants process or to update your information.

Applicant Details

Applicant *
○ Organisation ○ Council Officer

Applicant *
First Name   Last Name

Make sure you provide the same name that is listed in official documentation.

Applicant primary address
Address

Applicant primary phone number *

Applicant email address *

Must be an email address.

GST Registered

Legal Status of Applicant/s

Organisation Primary Contact Details

Organisation Name

Organisation Name

Primary contact *

First Name   Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary contact primary phone number *

Primary contact email address *

This is the address we will use to correspond with you about this grant.

GST registered

Council Officer

Council Officer *

First Name   Last Name

Council Officer Position *

Council Officer Primary Phone Number *

Must be a New Zealand phone number.

Council Officer Primary Email *

Must be an email address.

Organisation Details

* indicates a required field

What is your organisation's purpose or mission?

What is your organisation's annual revenue?
- ○ Less than $50,000
- ○ $50,000 or more, but less than $250,000
- ○ $250,000 or more, but less than $1 million
- ○ $1 million or more, but less than $10 million

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'.

Does your organisation have an NZBN or CRN? *
- ○ NZBN
- ○ CRN
- ○ Neither

Applicant NZBN

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.

Applicant NZ 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.

Project Details

* indicates a required field
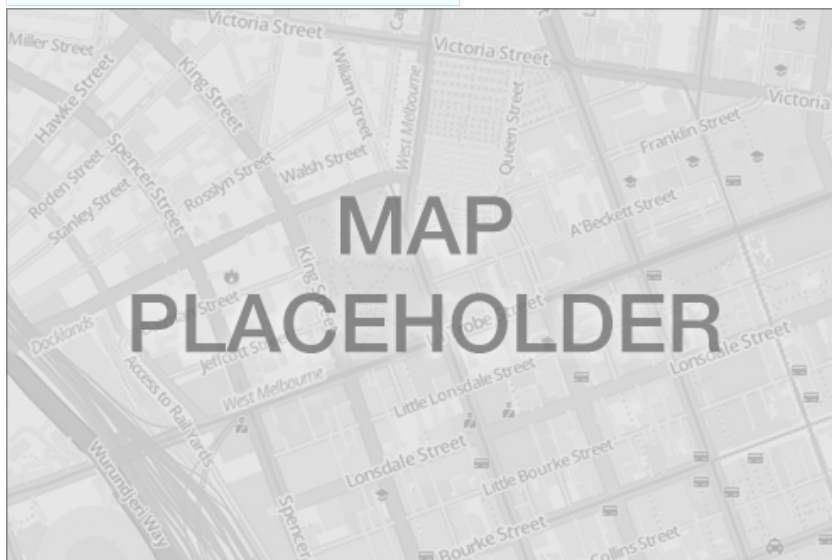
Applicant Name/Project Ttile *

Must be no more than 25 words.

Anticipated start date *

Anticipated end date *

Physical address where grant will be used *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Detailed site map
Attach a file:

Photos of site *
Attach a file:

Type of Site *

Site focus. e.g., one or two areas, whole area - please specify *

Site permission *

E.g. If the area is managed by Council or the Department of Conservation, or owned by someone else, do you have permission to carry out your project?

Please upload your written permission
Attach a file:

What ecosystems are present?

☐ Riparian   ☐ Forest   ☐ Wetland   ☐ Other:

☐ Coastal   ☐ Regenarating   ☐ Native Forest
                    native bush

Select all that apply to your site. See the guide 'Living Heritage' for more details (https://www.nelson.govt.nz/assets/Environment/Downloads/living-heritage-nelson-native-plants.pdf).

Please provide a brief description of your project *

Be descriptive, but concise. Include a brief summary of what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

What is the goal for this project? *

How will it help to improve the natural environment?

Steps to achieve the project goal - List the key steps you will undertake to achieve your project goal. *

For example: ecological assessment, weed clearance (by hand or using agrichemicals), planting, fencing, pest trapping, constructing a wetland, volunteer days, water quality monitoring, bird counts etc.

Alignment with Council priorities - How does your project align with Nelson City Council goals?

Nelson Nature *funding is available for projects that aim to protect or enhance native biodiversity.*

Healthy Streams *funding is available for projects that aim to improve the health of waterways for either human or ecosystem health, e.g. habitat restoration, wetlands, or mitigation of nutrients.*

Sustainable Land Management *funding is available for projects that mitigate erosion through tree planting, stock exclusion fencing, or establishment of small wetlands to filter runoff.*

Please mark all of the below that apply to your project. *
☐   Community project to protect and restore biodiversity by controlling weeds or browsing animals (e.g. goats. possums).
☐   Community project to enhance native wildlife through predator control.
☐   Restoration project (e.g. planting and weeding) on private properties larger than 1 ha and where there is significant investment of time/resources from the landowners.
☐   Project that protects and restores a Significant Natural Area. SNAs are sites that contain significant indigenous vegetation or significant habitat of indigenous fauna.
☐   Project that restores riparian margins
☐   Project that reduces erosion on farming and forestry land
☐   Project that excludes stock from waterways
☐   Project that enhances soil conservation
☐   Project that reduce erosion from streambanks or steepslopes on farming and forestry land
☐   Project that restores wetlands
☐   Restoration projects of areas that support ecological connectivity across the Nelson landscape including rural, peri urban and urban areas.
☐   Restoration of important coastal ecosystems, including saltmarsh, estuary, and dune ecosystems
At least 1 choice must be selected.
Community projects are those that involve three or more landowners and/or involve public land.

Project Budget excluding GST

* indicates a required field

Total Amount Requested *
$
What is the total financial support you are requesting in this application?

Total Project Cost *
$
What is the total budgeted cost (NZD) of your project?

Budget (excluding GST)

What can council provide to help you to achieve your project goal?

Please outline your project budget below. All amounts should be GST exclusive.

Please include any other funding that you have applied for in regard to this project, whether it has been confirmed or not, under 'Other funding requested'

Please **do not add commas** to figures – e.g. type $1000 not $1,000

Cash *
○ Yes   ○ No

explain what the funding would be used for

Total cost

Must be a dollar amount.

Professional ecological advice *
○ Yes   ○ No

please specify what this is for

Total cost

Must be a dollar amount.
If not known contact
nelson.nature@ncc.govt.nz for an estimated cost for this work

Trapping equipment *
○ Yes   ○ No

please specify the number and types of traps

Total cost

Must be a dollar amount.

Herbicide *
○ Yes   ○ No

please specify type and amount of herbicide

Total cost

Must be a dollar amount.

Contractor support *
○ Yes   ○ No

please specify what this is for

Total cost

Must be a dollar amount.

Fencing *
○ Yes   ○ No

please specify how many metres of fencing

Total cost

Must be a dollar amount.
based on NZD 12.00 per metre (e.g. 12m@NZD12.00 = NZD144.00)

Native plants *
○ Yes   ○ No

please specify area/plant numbers

Total cost

Must be a dollar amount.

based on NZD3.50 per plant (e.g. 300 plants @ 3.5 = NZD1050.00)

Guards and stakes *
○ Yes   ○ No

please specify number

Total cost

Must be a dollar amount.
based on NZD1. 7 per guard (e.g. 300 @ NZD1.7 = NZD510.00)

Other funding requested *
○ Yes   ○ No

please expand

Total cost

Must be a dollar amount.

Other expenses

Please attach any supporting quotes and other relevant information.
Attach a file:

In-kind contributions

Note: Applications that outline a decent level of in-kind, co-funding contribution from the grant recipient will be looked at favourably. Please outline any funding of your own that you expect to spend on the project, as well as the amount of your time you expect to spend working on your grant project.

Outline what contributions you, your community group or other supporting organisations will be making to this project. *

For example: your time managing the project, volunteer labour, expertise, or financial investments.

Permits, Licenses and Approvals

Do you require resource consent for any aspect of your project? If yes, please provide details of your resource consent. *

If you are unsure whether your project requires a consent, please contact nelson.nature@ncc.govt.nz (for example, a consent to clear weeds around a stream for planting may be able to be funded through this application).

Do you require Wildlife Act authorisations (approval to hold, catch, handle or release wildlife)? If yes, please provide details of your authorisation. *

Do you require any specialist certifications (e.g. Growsafe certification for use of agrichemicals?) If yes, please specify. *

Applicant Capacity

* indicates a required field

Now that we know about your project, we want to find out more about your ability to undertake the work you propose. Please provide some information about you, your group or supporting organisation that will give us confidence that you can complete the work you've described in this application. *

Include in this section information about how you will complete this project within the proposed timelines.

Would you be interested in attending a free workshop relevant to your project? *

○ yes   ○ no

e.g. a planting workshop, if you are receiving plants.

Is there ongoing maintenance required to achieve the project goal? If so, who will be doing this maintenance? What will it cost (in terms of time and/or money) and who is contributing this cost (of time and/or money)? *

Do you have anything further you wish to tell us regarding your application?

Please upload any further supporting documents here.

Attach a file:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the application (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the agreement.

I agree * ☐ Yes

Name of authorised person *

First Name | Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

Position

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process: *
○ Very easy   ○ Easy   ○ Neutral   ○ Difficult   ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

How did you hear about this funding opportunity? *

☐ email from Nelson City Council ☐ public notice ☐ display in council window

☐ facebook ☐ Our Nelson article ☐ council website

☐ word of mouth ☐ Nelson North Newsletter ☐ Other: