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_			•		_,

* indicates a required field

Program This field is read only.

Applicants: please note

Before completing this application form, you should have read the <u>environmental grants</u> 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	e and	correct.	*
□ Yes							

Contact Details

Applicant 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 * 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 orga	anisation *	
e.g., Manager, Director o	r Fundraising Coordinator.	
Primary contact prin	nary phone number *	
Primary contact ema	ail address *	
This is the address we wi	Il use to correspond with you about this grant	
GST registered		
Council Officer		
Council Officer * First Name	Last Name	
Council Officer Posit	ion *	
Council Officer Prima	ary Phone Number *	
Must be a New Zealand p	hone number.	
Council Officer Prima	ary Email *	
Must be an email address	5.	

Organisation Details

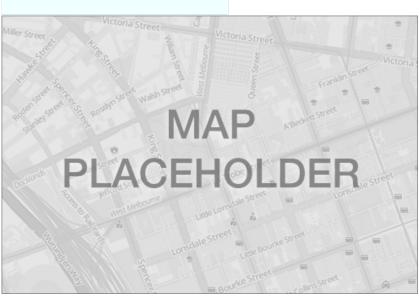
* indicates a required field

What is your organisa	ation's purpose or miss	sion?	
What is your organisa O Less than \$50,000	ation's annual revenue	?	
 \$50,000 or more, but \$250,000 or more, but \$1 million or more, but Your revenue includes grant 	It less than \$250,000 but less than \$1 million but less than \$10 million on the standard of th		
Does your organisation ○ NZBN	on have an NZBN or CR CRN	N? * ○ Ne	ither
∪ IVZDIV	O CRIV	∪ Ne	IUICI
Applicant NZBN			
	be used to look up the fol ered the NZBN correctly.		n. Click Lookup above to
New Zealand Companies I	Register Information		
NZBN			
Entity Name			
Registration Date			
Entity Status			
Entity Type			
Registered Address			
Office Address			
Must be formatted correct	у.		J
Applicant NZ Charity	Registration Number (CRN)	
	, , , , , , , , , , , , , , , , , , ,		
	Number provided will be heck that you have enter		
New Zealand Charities Re	gister Information		
Charity Registration			
Number			
Organisation Name			
Other Names			
Status			

Street Address

Postal Address			
Telephone			
Fax			
Email			
Website			
Date Registered			
Must be formatted correctly.			l
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., on	e or two areas, whole	e area - please s _l	pecify *
Site permission *			
	ged by Council or the Dep to carry out your project?		tion, or owned by someone else
Please upload your Attach a file:	written permission		
What ecosystems a ☐ Riparian	re present?	□ Wetland	□ Other:
□ Coastal	☐ Regenarating native bush	□ Native Forest	
	your site. See the guide 'L sets/Environment/Downloa		
Please provide a bi	rief description of yo	ur project *	
	cise. Include a brief summ cts you expect to result fr		do (i.e. the activities you will utcomes).
What is the goal fo	r this project? *		
How will it help to impro	ove the natural environme	ent?	
Steps to achieve th			
achieve your project	ie project goal - List ct goal. *	the key steps yo	u will undertake to

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.

Tulloll.	
animals (e.g. goats. possums). ☐ Community project to enhance native wild ☐ Restoration project (e.g. planting and wee and where there is significant investment of ti ☐ Project that protects and restores a Signifi significant indigenous vegetation or significan ☐ Project that restores riparian margins ☐ Project that reduces erosion on farming an ☐ Project that excludes stock from waterway ☐ Project that enhances soil conservation ☐ Project that reduce erosion from streambaland ☐ Project that restores wetlands ☐ Restoration projects of areas that support landscape including rural, peri urban and urbaland	llife through predator control. ding) on private properties larger than 1 ha me/resources from the landowners. cant Natural Area. SNAs are sites that contain t habitat of indigenous fauna. Ind forestry land in site of steepslopes on farming and forestry ecological connectivity across the Nelson an areas. ms, including saltmarsh, estuary, and dune
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 *		explain what the funding would be used for	Total cost
○ Yes	○ No		
			Must be a dollar amount.
Professional ecologica		please specify what this is for	Total cost
○ Yes	○ No		
			Must be a dollar amount.
			If not known contact
			nelson.nature@ncc.govt.nz for an estimated cost for this work
			estillated Cost for this work
Trapping equipment *		please specify the number and types of traps	Total cost
○ Yes	○ No		
			Must be a dollar amount.
Herbicide *		please specify type and amount of herbicide	Total cost
○ Yes	○ No		
			Must be a dollar amount.
Contractor support *		please specify what this is for	Total cost
○ Yes	○ No	produce specify inner time to the	
			Must be a dollar amount.
			Must be a dollar amount.
Famalan			Total cost
Fencing * O Yes	○ No	please specify how many metres of fencing	Total cost
			Name to the second state of the second secon
			Must be a dollar amount. based on NZD 12.00 per
			metre (e.g. <u>12m@NZD12.00</u> =
			NZD144.00)
Nation where			Total cost
Native plants * O Yes	○ No	please specify area/plant numbers	Total cost
			Marak la a a al-Hara
			Must be a dollar amount.

		based on NZD3.50 per plant (e.g 300 plants @ 3.5 = NZD1050.00)
Cuanda and states *	ulana masifu mumban	Total cost
Guards and stakes * ○ Yes ○ No	please specify number	lotal cost
		Must be a dollar amount.
		based on NZD1. 7 per guard (e.g.
		300 @ NZD1.7 = NZD510.00)
Other funding requested *	please expand	Total cost
○ Yes ○ No		
		Must be a dollar amount.
Other expenses		
	ng quotes and other releva	nt information.
Attach a file:		
In-kind contributions		
	a decent level of in-kind, co-fu at favourably. Please outline an	
	oject, as well as the amount of	
working on your grant project.	•	,
	_	
Outline what contributions organisations will be makir	you, your community group	o or other supporting
organisations will be makin	ig to this project.	
For example: your time managing	the project, volunteer labour, exp	ertise, or financial investments.
Permits, Licenses and Appr	rovals	
,		
Do you require resource co provide details of your reso	nsent for any aspect of you	r project? If yes, please
p. c. suc details of your rest		

Do you have anything further you wish to tell us regarding your application?
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)? *
Would you be interested in attending a free workshop relevant to your project? * O yes O no e.g. a planting workshop, if you are receiving plants.
Include in this section information about how you will complete this project within the proposed timelines.
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. *
* indicates a required field
Applicant Capacity
Do you require any specialist certifications (e.g. Growsafe certification for use of agrichemicals?) If yes, please specify. *
release wildlife)? If yes, please provide details of your authorisation. *
Do you require Wildlife Act authorisations (approval to hold, catch, handle or
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).

Please upload any further suppo	rting documents here		
Attach a file:			
Certification and Feedb	ack		
* indicates a required field			
Certification			
This section must be completed application (may be different to			
I certify that to the best of mapplication are true and corrorganisation is approved for and conditions of the grant a	ect, and I understa this grant, we will	nd that if the applican be required to accept	it
l agree *	□ Yes		
Name of authorised person *	First Name	Last Name	
	Must be a senior staff authorised volunteer	member, trustee or approp	riately
Position			
	Position held in applic	ant organisation (e.g. CEO,	Treasurer)
Contact phone number *			
	We may contact you t by the applicant organ	o verify that this application nisation	is authorised
Contact Email *			
	Must be an email addı	ress.	
Date *			
	Must be a date		
Applicant Feedback			
You are nearing the end of the a click the SUBMIT button please			
Please indicate how you four ○ Very easy ○ Easy	nd the online applic ○ Neutral	-	ery difficult

How many minutes in to	tal did it take you to complet	e 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.		
•	this funding opportunity? *	
☐ email from Nelson City Council	□ public notice	☐ display in council window
☐ facebook ☐ word of mouth	☐ Our Nelson article☐ Nelson North Newsletter	□ council website□ Other: