

Community Investment Fund Small Grants August 2024

Form Preview

Eligibility

* indicates a required field

Privacy Statement

The information you provide is being collected by Nelson City Council to assess your eligibility for this fund. Nelson City Council may also use this information for grant management and communication purposes.

Please be aware that Council must retain records relating to this application for seven years under the Public Records Act 2005.

Programme

This field is read only.

Applicants: please note

Before completing this application form, you should have read the [programme guidelines](#):

Incomplete applications and/or applications received after the closing date are unlikely to be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant programme. It is crucial 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 Chris Pugh on (03) 546 0333 or chris.pugh@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

I confirm that the applicant ...

- is a registered charity, or be able to supply a tax exemption certificate to show they have 'non-profit' status, or have an umbrella organisation that is eligible to receive and administer funds on their behalf.
- is located in the Nelson City boundaries and/or benefiting Nelson residents.

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- is not an individual, a profit-making business, a government agency or department, or a political party.
- is not purchasing or improving privately owned facilities.
- is not funding activities that involve any alcohol, tobacco, illegal substances or gaming.
- is not applying for expenses incurred out of the region such as transport and accommodation.
- is not applying for professional fund raising services.
- is not applying for activities already completed.
- is not applying for costs already funded by council.

Please select below: *

☐ Yes

☐ No

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

Contact Details

* indicates a required field

Organisation Details

Name of your organisation: *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation.

Working name of your organisation if different to above:

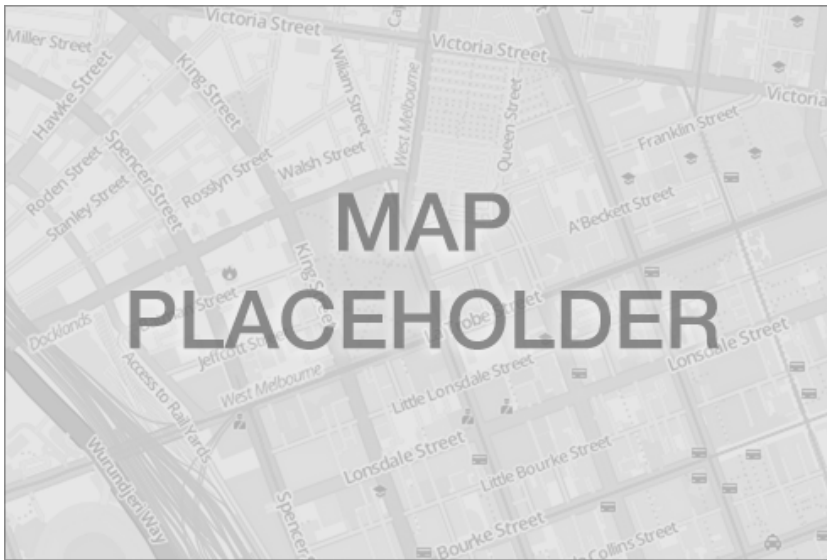
If the name that you use for your organisation is different than its full legal name please let us know here.

Organisation primary address:

Address

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Organisation postal address:

Address

Organisation primary phone number: *

Organisation email address: *

Must be an email address.

Organisation website:

Must be a URL.

Primary Contact Details

Contact Person: *

Title First Name Last Name

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

Position held in organisation: *

e.g., Manager, Board Member or Fundraising Coordinator.

Phone number: *

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Email address: *

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

Alternative Contact Person:

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Alternative Contact Position:

Alternative Contact Phone Number:

Alternative Email Address:

Organisation Details

* indicates a required field

What are your organisation's objectives or purpose?

Does your organisation have a New Zealand Business Number or a Charity Registration Number? *

☐ Yes ☐ No

Applicant Charity Registration Number

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

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Postal Address

Telephone

Fax

Email

Website

Date Registered

Must be formatted correctly.

If you do not know your Charity Registration Number find it at <https://register.charities.govt.nz/CharitiesRegister/Search>

Applicant New Zealand Business Number (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

If you do not know your NZBN number find it at <https://www.nzbn.govt.nz>

Umbrella application

* indicates a required field

Is this an umbrella application on behalf of another organisation? *

☐ No

☐ Yes

Unincorporated organisations applying for a grant must be umbrellaed by an incorporated organisation.

If this is an umbrella application please submit this application form and contact Chris Pugh for more details.

Umbrella organisation name *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation.

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Project Details

* indicates a required field

Project title:

Provide a name for your project/programme/initiative. Your title should be short but descriptive.

Funding Priorities

Nelson City Council has these five priorities for improving the wellbeing of our community. What, if any, would your project/programme relate to?

Funding Priorities *

- ☐ Reducing social isolation
- ☐ Improving access to work and learning opportunities
- ☐ Reducing the effects of poverty
- ☐ Enhancing community wellbeing
- ☐ Reducing housing vulnerability
- ☐ None of the above (please note that we are unlikely to fund activities that do not focus on any of the above funding priorities).

Please provide a full project description:

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu1> if you need some ideas about how to frame your response.

Project Outcomes

Outcomes are the changes you expect to occur for the beneficiaries of your initiative.

What outcomes are you seeking to achieve with this project?

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

How will you know if these outcomes have been achieved?

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

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How will the Nelson Community and residents benefit from this project?

Partners

What other community organisations (if any) are you working with to provide this programme?

Evidence can include other community organisations that you are working with, agreements for extra funding, letters of support or feasibility study

Budget

Total Amount Requested

\$

What is the total financial support you are requesting from NCC in this application?

Total Project/Programme Cost

\$

What is the total budgeted cost of your project?

Project Costs

Please provide details of your main project costs.

Project Costs:

How will you manage the project if there is a shortfall in your funding?

What other funding have you been awarded or are you seeking for this project?

Attachments

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Please attach any relevant supporting material, such as project plans, budgets, annual accounts and/or letters of support if relevant.

Upload files

Attach a file:

or

Provide web link:

Must be a URL

Authorisation and Feedback

*** indicates a required field**

Authorisation

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (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 letter of approval.

I agree *

☐ Yes

☐ No

Name of authorised person: *

Title

First Name

Last Name

Must be a senior staff member, board member 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.

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Date: *

Must be a date

Applicant Feedback

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.