

# Community Investment Fund Small Grants March 2025

## 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. We may also share your information with other partners as part of our assessment process.

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.

### Please note

Before completing this application form, you should have read the [funding 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](mailto: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.

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- is located in the Nelson City boundaries and/or benefiting Nelson residents.
- 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 or gaming.
- is not applying for expenses incurred out of the region such as transport and accommodation.
- is not applying for professional fundraising 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:**

## Legal Status

**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
Postal Address
Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

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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.

### Name of the organisation that is being umbrellaed. \*

Organisation Name

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

## Project Details

\* indicates a required field

### Project title: \*

Word count:

Must be no more than 7 words.

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Provide a name for your project/programme/initiative.

### Funding Priorities

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 project description:

Word count:

Must be no more than 300 words.

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. for the benefit of), 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.

### Partners

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

Word count:

Must be no more than 200 words.

Please tell us how you will work with each of these partners.

### Impact

#### How many people will be directly impacted by this project?

Must be a number.

Directly Impacted = someone who will receive an immediate and powerful benefit from this project  
e.g. participants or clients.

#### Comment

Word count:

Must be no more than 50 words.

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Provide more information if required.

### How many people will be indirectly impacted by this project?

Must be a number.

Indirectly impacted = someone who will be affected as a consequence of this project but not in a direct or immediate way e.g. family members of participants.

### Comments

Word count:

Must be no more than 50 words.

Provide more information if required.

## 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.

### How will you spend this Council grant?

Word count:

Must be no more than 50 words.

### How will it affect your project if you don't receive the full funding you have requested from this fund?

Word count:

Must be no more than 50 words.

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

Word count:

Must be no more than 50 words.

### Attachments (Optional)

**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



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**Contact Email: \***

Must be an email address.

**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.**