

# Community Investment Fund Small Grants Oct 2026

## Form Preview

### Eligibility

\* indicates a required field

### Privacy Statement

The information you provide (including any personal information such as your name and contact details) 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 note Council may share your information with other partners, along with your name and contact details, to facilitate assessment of your eligibility and or your access to other grant funds. Please advise Council when applying if you do not wish this to occur.

Council must retain records relating to this application for seven years under the Public Records Act 2005. Note, Council is subject to the Local Government Official Information and Meetings Act 1987 and a request for official information may cover your submission, including your address and other contact details.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you wish to have your information corrected, please contact us on 03 546 0200. If you would like to ask for a copy of your information or have any concerns about its use, please contact 03 546 0200 and ask for a Privacy Officer. For more information about privacy at Nelson City Council please see our [privacy\\_policy](#)

### 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

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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.
- 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.

### Project Details

\* indicates a required field

#### 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.

#### Project title: \*

Word count:

Must be no more than 7 words.

Provide a name for your project/programme/initiative.

### Funding Priorities

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What, if any, would your project/programme relate to?

**What, if any, would programme/project relate to? \***

- 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)

### Provide a Project Description

Word count:

Must be no more than 300 words.

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.

Provide more information if required

**How many people will be indirectly impacted by this project**

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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. families members of participants

### Comment

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.

## Contact Details

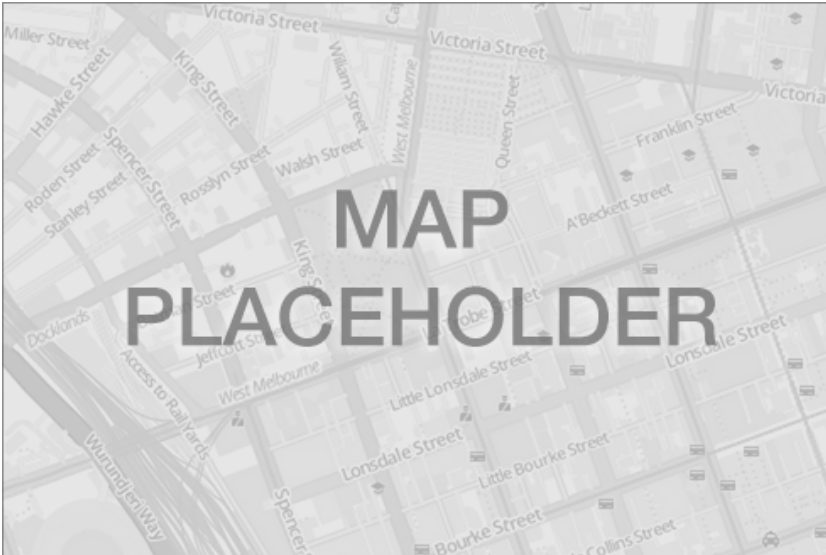
\* indicates a required field

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## Organisation Details

### Organisation primary address:

Address

### 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.



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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>

Is your organisation GST registered?

- Yes  
 No

If yes please provide your GST number

## 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:

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or

**Provide web link:**

Must be a URL

## 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.

## 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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be a senior staff member, board member or appropriately authorised volunteer

**Position: \***

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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

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.**