

Climate Change Community Grant

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, audit and communication purposes.

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

Please contact climatechangeteam@ncc.govt.nz in the first instance for any questions relating to the grant process or to update your information.

Applicants: Please note

Applications are open from 25 October to 1 December 2024.

Before completing this application form, you should have read the applicant guidelines and criteria.

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. It is important that you complete these questions before any others to ensure your application is suitable for this grant.

If you have any questions in regards to these eligibility criteria, please email climatechangeteam@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 application guidelines and assessment criteria, and
- The applicant's project benefits the Nelson region, and
- The applicant has not received funding for the same activity from other sources, and

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- The applicant has the appropriate type and level of insurance for the activities that are the subject of this grant, and
- The applicant is not applying for costs relating to business as usual, purchase of facilities or professional fund raising services, and
- The applicant does not have any uncompleted project for which they have received climate-related funding from Nelson City Council, or
- The applicant has demonstrated significant progress toward the grant conditions for any climate-related funding received from Nelson City Council

Please select below: *

☐ Yes

☐ No

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

Applicant contact details

* indicates a required field

Applicant details

Name of your group or 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 group or organisation if different to above:

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

Organisation or group primary address:

Address

Organisation or group postal address:

Address

Organisation or group primary phone number: *

Organisation or group email address: *

Must be an email address.

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Organisation or group website:

Must be a URL.

Primary Contact Details

Contact Person: *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person we will correspond with about this grant.

Position held in organisation or group: *

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

Phone number: *

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:

Do you currently work with or have a relationship with Council under any other name or capacity? *

- ☐ Yes
☐ No

If you answered yes to the above question, please provide details.

Umbrella application

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* 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 climatechangeteam@ncc.govt.nz 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.

Project/Proposal Details

* indicates a required field

Project/Proposal title: *

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

Relevance

How will your project reduce greenhouse gas emissions from the Nelson region or increase the Nelson community's resilience to the impacts of climate change? What source of emissions, issue or opportunity does your project address? *

Word count:

Provide a short description of your project (200 words recommended). You may upload a detailed project plan at the end of the application if you wish.

Benefit and Legacy

What is the nature and scale of the benefits to be delivered by your project? Is the project scalable? *

Word count:

(100 words recommended)

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Who will benefit from the project, in what ways and by how much? *

Word count:

Describe the estimated number, gender, age and location/region of those participating in or benefitting from the project (150 words recommended)

What are the enduring benefits of your project and how will these be delivered beyond the funding period? *

Briefly explain how your project will benefit the region beyond the funding period/once the project is complete (150 words recommended)

Deliverable

What skills, experience, resources or support do you have to successfully deliver your project and achieve its benefits? *

You may upload your CV or supporting information at the end of the application if you wish

Start Date *

Must be a date.

When will you start your project (approximately)?

End Date *

Must be a date.

When do you anticipate your project will be completed by? Projects must be completed within 12 months of receiving the funding.

Partnership

How has Kaupapa Māori been considered in your proposal and/or how does this project benefit or involve Māori? *

Refer to Appendix 1 of the application guidelines for further information (150-200 words recommended).

Measurable

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What are your project's objectives and measurable outcomes? *

Word count:

What are you hoping this project will achieve? (150 words recommended)

How will you measure and report project success and share learnings? *

Word count:

You can report using qualitative or quantitative data (150 words recommended)

Project budget

* indicates a required field

Total Amount Requested

*

\$

A total of \$50,000 is available for this grant. Applicants can apply for up to \$25,000 for your project. Applications for project of \$5000 or more are required to contact climatechangeteam@ncc.govt.nz prior to the deadline.

Project Costs

Please provide details of your main project costs. You may upload your budget at the end of the application if you wish.

How will this funding be spent? *

Word count:

(150 - 200 words recommended)

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

Health and safety

* indicates a required field

Please advise us of any health and safety considerations for this project *

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Upload a health and safety plan at the end of the application if you wish.

Attachments

Please attach any relevant supporting material, such as your project plan, relevant CV, budget and quotes, health and safety plan 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 or group (this person 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

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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

If this application is successful, please confirm you agree to the following requirements:

- Only spend the funding granted on the items/activities it is granted for, and within an agreed timescale.
- Complete the online accountability report form within four weeks of completion of the project.
- Participate in any funding audit conducted by Council.
- Acknowledge the funder's joint contribution towards the project/event in all promotional material and media coverage.
- We/I understand that Nelson City Council assumes no responsibility or obligation under the Health and Safety at Work Act 2015 in relation to activities for which a climate change community grant has been provided, except as may be separately agreed between the parties or when a Council employee, contractor or agent meets the definition of a Person in Charge of a Business Undertaking (PCBU). For the avoidance of doubt, Nelson City Council will not be controlling the activities or works, and grant recipients accept they are the person or entity controlling the place of work for the purpose of the health and safety obligations.

Please select below: *

☐ Yes

☐ No

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

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