Rethink Waste Whakaarohia Repair Activity Grants 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, 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 rethinkwaste@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 30 September to 1 November 2024 (5pm) for projects taking place in 2025.

Before completing this application form, you should have read the programme information and applicant guidelines:https://www.nelson.govt.nz/services/rethink-waste/waste-minimisation-grants/grants-for-repair-cafes-and-other-repair-activities/

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 email rethinkwaste@ncc.govt.nz

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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 their project and the priorities for this years funding
- The applicant's project benefits the Nelson region
- The applicant does not have any uncompleted project for which they have received Rethink Waste Whakaarohia funding
- The applicant has not received funding for the same activity from other sources
- The applicant has the appropriate type and level of insurance for the activities that are the subject of this grant
- The applicant is not applying for costs relating to business as usual, purchase of facilities or professional fund raising services.

Please select below: *
○ Yes ○ No
You must confirm that all statements above are true and correct.

Applicant details

* indicates a required field

Applicant 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.

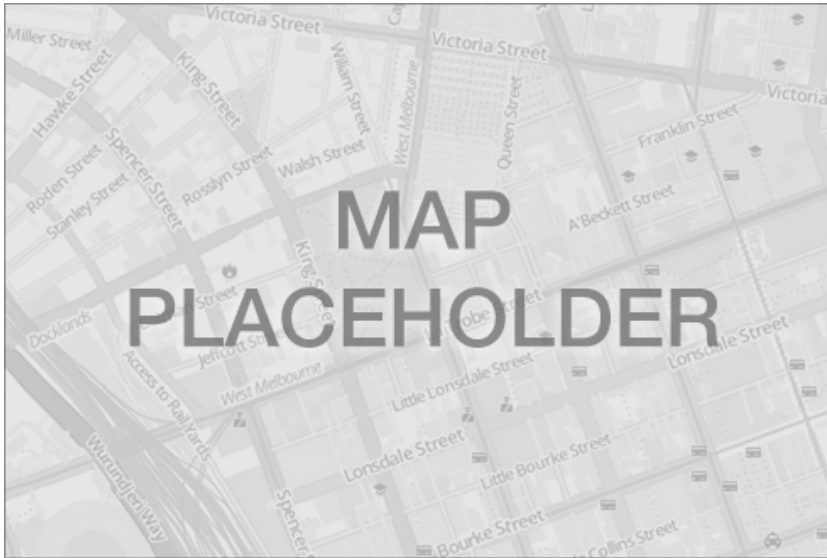**Working name of your organisation if different to above:**

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

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: *

Email address: *

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

Alternative Contact Person:

Title	First Name	Last Name

Alternative Contact Position:

Alternative Contact Phone Number:

Alternative Email Address:

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
rethinkwaste@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/Activity Details

Project/Activity title:

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

Project description

Short project description (upload detailed project plan if you wish at the end of the application)

Provide a short description (100 words recommended) of your project - what are you out to do?

Start Date

Must be a date.

End Date

Must be a date.

Why does this project need to be done?

Describe the specific issue or need you want to address (200 words recommended)

What are the planned activities?

Briefly list (bullet points) the specific activities that will take place and where they will take place (200 words recommended)

Who will benefit from the project?

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

What are the expected outcomes of the project?

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

How will you know if these outcomes have been achieved?

Describe three changes you will see if the expected outcomes of the project occur (150 words recommended)

What track record and skills does your organisation bring to the project? (upload cvs or supporting information at the end of the application if you wish)

Please tell us how you have considered kaupapa Māori for your project if applicable.

Project budget

Total Amount Requested

$

What is the total financial support you are requesting from NCC in this application across all years that you are seeking funding for? You can apply for up to three years of funding.

Total Project/Activity Cost

$

What is the total budgeted cost of your project?

Project/Activity Costs (upload your budget at the end of the application if you wish)

Please provide details of your main project costs.

Project Costs:

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

What other funding (including council funding) have you been awarded or are you seeking for this project/Activity?

Health and safety

Please advise us of any health and safety considerations for this project (if you wish upload a health and safety plan at the end of the application)

Attachments

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

Please note that a copy of your most recent set of annual financial accounts is required.

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.

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.