

# Ngā Hapori Momoho 2024/2025

## Form Preview

### He mihi / Welcome

#### Pārongo matua / Important information:

**Applications open:** Monday 24 November 2024

**Applications close:** Friday 31 January 2025

Tēnā koutou katoa

Please read the [grants information](#) before you complete your application. It tells you:

- Who can apply
- What activities are supported and the amounts available
- What we won't fund

Before preparing your application, you should have already read the eligibility section.

Have you noted:

- The definition of regional
- The three funding priorities for the grant and that your work/project must align with one or more of the funding priorities
- The grant programme is not intended for repeat funding of an organisation or their work/project

Please submit your application online using this form before 10:00pm on Friday 31 January 2025.

Decisions on this grants round will be made on 27 May 2025. We will be in touch by Friday 30 May 2025 with the outcome.

Grants can be used toward costs from 28 May 2025 (although your project may already be underway).

Contact Regional Partnerships Lead Wayne Levick [wayne.levick@aucklandcouncil.govt.nz](mailto:wayne.levick@aucklandcouncil.govt.nz) or 021 221 6331 if you would like to discuss your application, prior to submission.

### Whakapā Kaitono / Applicant Details

\* indicates a required field

#### Applicant information

**Organisation name \***

Organisation Name

#### Organisation physical address

**Please enter your organisation's physical address \***

Address

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Suburb    Town/  
City    Postcode

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Must be a New Zealand Postcode

Please click [here](#) for the Postcode finder website

**Is your physical address different from your postal address? \***

☐ Yes

☐ No

If yes, please complete below

**Please enter your organisation's postal address if different to the above**

Address


Suburb    Town/  
City    Postcode

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Must be a New Zealand Postcode

Please click [here](#) for the Postcode finder website

### Website

**Website and/or facebook page**

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### Organisation Contact details

**Primary contact person \***

First Name

--

Last Name

--

**Secondary contact (must be a different person from the primary contact, who knows relevant information in regard to information in this application form)**

First Name

--

Last Name

--

**Position held in organisation**

--

**Position held in organisation**

--

**Daytime phone number \***

--

**Daytime phone number**

--

**Mobile Phone Number**

--

**Mobile phone number**

--

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Email address \*

Email address

### Māori outcomes

This funding supports organisations to deliver outcomes for Māori, aligning to Kia Ora Tāmaki Makaurau, council's Māori outcomes performance measurement framework. The programme specifically supports the outcome Kia ora te Whānau, which seeks to empower whānau Māori to be resilient, confident, and successful by increasing the proportion of grants to Māori organisations.

Approved applicants will be expected to report against the delivery of Māori outcomes, including alignment to this outcome.

### Are you a Māori organisation \*

☐ Yes

☐ No

## Applicant Status

\* indicates a required field

### What is the legal status of your group/organisation? \*

☐ Incorporated  
Society

☐ Charitable  
Trust

☐ Limited  
Liability Company

☐ Not for profit  
community group

☐ Other:

Other: Can include Māori trusts e.g. pūtea trust, whānau trust, ahu whenua trust, whenua tōpu trust and/or kaitiaki trust.

### Applicants with no formal legal structure seeking grants over \$1,000 must either:

a) nominate an umbrella organisation which has agreed to receive and administer the grant on your behalf. The umbrella organisation will be legally accountable to Auckland Council for the grant expenditure

### OR

b) apply for funding to be paid retrospectively to reimburse pre approved costs when the project or activity has been completed satisfactorily.

☐ I wish to nominate an umbrella organisation to receive and administer the grant on my behalf

☐ I do not wish to nominate an umbrella organisation and agree to provide receipts so that costs can be reimbursed retrospectively

### Has the umbrella organisation agreed to act on your behalf?

Attach a file:

What registration numbers apply to your organisation or your umbrella organisation?

(Please provide all applicable numbers)

**New Zealand Companies Office incorporated society or charitable trust number**

Must be a number

Please click [here](#) to visit the Companies office (Societies and Trusts) website

**NZ Companies Register**

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

**Charities NZ Registration**

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

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Date Registered

### Are you or your umbrella organisation GST registered? \*

☐ Yes

☐ No

Are you GST registered?

### What is your GST number?

Must be a number.

## Financial attachments

**Pēke tiaki pūtea / Please attach proof of bank account details. The grant will be paid to your account if the application is successful. Please attach one of the following.**

- ☐ Pre-printed deposit slip
- ☐ Certified bank details (certified means bank details stamped and signed by the bank teller)
- ☐ A letter from the bank (on the bank's letterhead confirming the bank account holder name and bank account number)
- ☐ Print screen or image capture (online bank statement confirming the bank account holder name and bank account number) This must include the bank logo and URL

The name on the bank account must be the same as the name of the applicant.

Attach a file:

## Tautoko mai i te kaunihera / Previous Support from Auckland Council

\* indicates a required field

### Council support includes funding received from any of the following sources:

Local boards, governing body, Auckland Council departments, Council Controlled Organisations (CCOs).

Council support includes any of the following: Contestable grants, contracts/funding arrangements, community leases, community loans, sponsorship, rates remission or grant, working with council staff, products supplied by council.

### Have you received support from Auckland Council in the last three years, either funding or non-financial? \*

☐ Yes

☐ No

If yes, please complete table below

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### Funding previously from Auckland Council

Type of funding or support	Year received	Value	Purpose of funding
If non-financial support was provided please enter 0 in the value column			
		\$	
		\$	
		\$	

## Ngā pārongo mahinga / Project Information

\* indicates a required field

### Project details

This section requests information about your proposed project, Please provide clear, concise responses.

#### Project name/title \*

Must be no more than 15 words

#### We need from you:

- 1.A short, 100 word contribution statement
- 2.A brief plan showing your project / service connections, activities and desired impact
- 3.A basic budget
- 4.Identification of any specific communities supported by this project

Example of a 100 word contribution statement:

**Our project will contribute to** growing community connection and improved health outcomes. **We will do this by working with** local rangatahi (youth) aged 15-24 and tamariki (children) aged 8-12. **We plan to** connect tamariki and rangatahi through 10 weeks of sports mentoring activities **so that** rangatahi have an opportunity to build mentoring and coaching skills, tamariki get involved in physical activity, grow their physical skills and confidence and develop supportive relationships with their mentors.

#### Your contribution statement \*

Word count:

Must be no more than 100 words.

You can provide more information or attach a project plan with your supporting documentation (see page 9)

#### A brief plan (note - this can be written up as an ongoing, or a new, project/ service/initiative)

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Your contribution statement is the basis of your plan. Identify in your plan:

**Connections:** who will you reach through your project ? How many stakeholders will participate or be engaged in your activities? Where are they from? How many staff and volunteers will you have?

**Activities:** Describe what your project does, and over what time period.

**Impact:** What difference will you make for the people or organisations you will connect with? How will you benefit your community? What will you achieve as a result ?

*For example:*

- Rangatahi build mentoring and coaching skills
- Tamariki get involved in physical activity
- Tamariki gain physical skills (and confidence in their physical skills)
- Tamariki and mentors develop supporting tuakana/teina relationships
- Contribution to community learning and development (speaking engagements)

### Upload plan

Attach a file:

## Te tahua / Project Budget

\* indicates a required field

### Basic Budget - key areas of spending and income

If you do not have a prepared budget, please fill out the tables below.

If you have already prepared a budget, and it covers the key elements below, you may wish to provide that. Please ensure that if your organisation is not GST registered, you have not included GST in your budget.

### Upload existing budget

Attach a file:

### Table one: expenses/costs for the project

Please provide itemised costs of the project.

Description	Total
	Must be a dollar amount.

### Table two: project income

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This section tells us about any income you estimate that you may get for your project, eg participant fees or donations, sponsorship, other fundraising etc.

Please complete the table below.

Income source	Amount
	Must be a dollar amount

### Table three: other funding sources

What other funding have you received or applied for from other funders for this project?

Please complete the table below.

Funding organisation	Amount requested	Amount approved
	Must be a dollar amount	

### Funding summary

Confirmed or approved as at the time of filling out this application.

What is the total cost of the project? (table one)	Total of expected income? (table two)	Other funding sources approved? (table three)	How much are you contributing?	How much funding is still required?
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.	Must be a dollar amount	Must be a dollar amount
\$	\$	\$	\$	\$

**How much are you requesting in this application (maximum \$30,000)? \***

\$

Must be a dollar amount.

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

**If this grants programme is unable to fund the full amount you request, would a smaller grant still be of assistance? \***

☐ Yes

☐ No

**If we can't fund the full amount, what part of your project could be delivered?**

Word count:

Must be no more than 100 words.



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**Identify specific communities supported by this project, for example Hapori Māori, Pasifika communities, those experiencing mental health challenges and stigma, those living in isolated communities. If not already described, how will your project support these communities? \***

**Start Date (if this is a new project)**

Must be a date.

**End Date (for use of grant money)**

Must be a date.

## Supporting Documentation

Supporting project documentation

**If you have letters of support or other material, please upload them here**

Attach a file:

Letters of support or other material such as annual reports, please upload them here

## Declaration, Privacy and Checklist

\* indicates a required field

Note: Auckland Council reserves the right to decline an application or request a refund of a grant if any of the above information is found to be incorrect.

**I/We certify that to the best of our/my knowledge the information contained in this application is correct \***

☐ Yes

☐ No

**I/We confirm that any funds granted will only be used for the project described in this application \***

☐ Yes

☐ No

**I/We confirm that to the best of our/my knowledge I/we have no perceived potential or actual conflict of interest in applying for or using any grant funding \***

☐ Yes

☐ No

**I/We consent to a random financial and quality audit of our project/activity \***

☐ Yes

☐ No

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For guidance on whether you have a perceived potential or actual conflict as a result of applying for and using grant funding you should consider the following - if in doubt declare the conflict.

A conflict of interest could arise where you (the applicant) have a responsibility as a result of receiving council grant monies. This could affect another responsibility, duty or relationship you may also have.

For example

- Personal or family relationships that you have
  - with council employees
  - with council contractors
  - organisations or persons that you will procure services from with the grant monies
- Financial relationships
  - e.g. investments that you have in entities that you will procure services from with the grant monies
- Employment relationships or membership of clubs
  - e.g. you intend to procure services with the grant monies from your employer or a club you are a member of - who will benefit financially from the arrangement.

**If you have answered 'no' to any of the above, please provide details below:**

Word count:

Must be no more than 100 words.

- **I/We understand that Auckland Council is bound by the Local Government Official Information and Meetings Act 1987**
- **I/We understand that my/our name and brief details about the project may be released to the media or appear in publicity material.**
- **I/we understand that I/we have the right to have access to this information**
- **I/We undertake that I/we have obtained the consent of all people involved to provide these details.**

\*

☐ Accept

☐ Decline

**Declaration Date:**

Must be a date

When your application is submitted you will receive an automatic confirmation email that the application has been received from Smartygrants. If you do not receive an email confirmation, please check to see if the email has been treated as "spam".

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### How did you find out about this fund?

- |  |  |                                    |                                     |
|--|--|------------------------------------|-------------------------------------|
| <input type="radio"/> Applied previously | <input type="radio"/> Council staff member | <input type="radio"/> Poster/flyer | <input type="radio"/> Word-of-mouth |
| <input type="radio"/> Council website    | <input type="radio"/> Local board member   | <input type="radio"/> Radio        | <input type="radio"/> Don't know    |
| <input type="radio"/> Council mail-out   | <input type="radio"/> Local newspaper      | <input type="radio"/> Social media | <input type="radio"/> Other:        |

### Privacy

Any personal information that you provide in this form will be held and protected by Auckland Council in accordance with our [privacy policy](#) and at our libraries and service centres) and with the Privacy Act 1993. Our privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.