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 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

	City	Postcode nd Postcode
lease cli	ck <u>here</u> fo	r the Postcode
Yes	hysical a ise comple	address differ
lease e ddress	nter you	r organisatio
مام ريام	Town	Dastanda
	City	Postcode nd Postcode
lease cli	ck <u>here</u> fo	r the Postcode
ebsite	2	
ebsite	and/or fa	acebook page
rganis	sation C	ontact deta
rimary conta rst Name	ct person *	Last Name
sition held i	n organisation	1
aytime phon	e number *	
bile Phone	Number	
ie Prione	Numper	

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 repoincluding alignment to this outcome.	or against the delivery of Maori outcomes,			
Are you a Māori organisation *				
○ Yes	○ No			
Applicant Status				
* indicates a required field				
What is the legal status of your group/o	rganisation? *			
○ Incorporated ○ Charitable ○ Limit	ted O Not for profit O Other:			
	Company community group whānau trust, ahu whenua trust, whenua tōpu trust			
and/or kaitiaki trust.	manda crast, and whenda crast, whenda topa crast			
Applicants with no formal legal structur	e seeking grants over \$1,000 must either:			
	has agreed to receive and administer the grant II be legally accountable to Auckland Council for			
OR				
b) apply for funding to be paid retrospectivel project or activity has been completed satisf				
 I wish to nominate an umbrella organisat behalf 	ion to receive and administer the grant on my			
 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 Attach a file:	o act on your behalf?			

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

Date Registered
Are you or your umbrella organisation GST registered? * O Yes O 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? * O Yes O No If yes, please complete table below

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)

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 spendi	ng 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			

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)		Other funding sources approved? (table three)	How much are you contributing?	How much funding is still required?
This number/	This number/	This number/	Must be a dollar	Must be a dollar
amount is	amount is	amount is	amount	amount
calculated.	calculated.	calculated.		
\$	\$	\$	\$	\$

How much are you requesting in this ap	plication (maximum \$30,000)? *
\$	
Must be a dollar amount. What is the total financial support you are request	ing in this application?
If this grants programme is unable to fu smaller grant still be of assistance? *	nd the full amount you request, would a
○ Yes	○ No
If we can't fund the full amount, what pa	art of your project could be delivered?
Word count: Must be no more than 100 words.	

Identify specific communities supported by this project, for example Māori, Pasifika communities, those experiencing mental health chal stigma, those living in isolated communities. If not already describe your project support these communities? *	lenges and
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 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 requestion of the above information is found to be incorrect.	st a refund of a
I/We certify that to the best of our/my knowledge the information cothis application is correct *	ontained in
○ Yes ○ No	
I/We confirm that any funds granted will only be used for the projecthis application *	t described in
○ Yes ○ No	
I/We confirm that to the best of our/my knowledge I/we have no per potential or actual conflict of interest in applying for or using any good Yes	
I/We consent to a random financial and quality audit of our project/a	activity *

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

Declaration Date:

Must be a date

- 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.

	ord count: ust be no more than 100 w	5.
	Official Information I/We understand the released to the med I/we understand the	Auckland Council is bound by the Local Government d Meetings Act 1987 my/our name and brief details about the project may be or appear in publicity material. I/we have the right to have access to this information we have obtained the consent of all people involved to
*	Accept	Decline

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

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".

How did you find out about this fund?					
 Applied previously 	Council staff member	Poster/flyer	Word-of-mouth		
Council website	Local board member	○ Radio	○ Don't know		
 Council mail-out 	 Local newspaper 	 Social media 	Other:		

Privacy

Any personal information that you provide in this form will be held and protected by Auckland Council in accordance with our <u>privacy policy</u> 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.