

# Community Grants Application Form 2024 - 2025

## Form Preview

### Applicant Details

\* indicates a required field

#### New Section

##### Applicant

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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##### Applicant Primary Address \*

Address

<input type="text"/>
<input type="text"/>

Suburb/Town, State/Province, Postcode, and Country are required. Country must be New Zealand

##### Applicant Postal Address

Address

<input type="text"/>
<input type="text"/>

##### Applicant Primary Phone Number \*

##### Applicant Primary Email \*

Must be an email address.

##### Applicant Primary Website

Must be a URL.

##### Applicant Primary Bank Account

Account Name

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be a valid New Zealand bank account format.

**Please upload a copy of your bank account details here: \***

# Community Grants Application Form 2024 - 2025

## Form Preview

Attach a file:

### Organisation Details

#### Applicant NZ Charity Registration Number (CRN)

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

Must be formatted correctly.

#### Applicant 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

Must be formatted correctly.

### GST

# Community Grants Application Form 2024 - 2025

## Form Preview

**Is your organisation GST registered? \***

- ☐ Yes  
☐ No

### GST details

**GST Number**

Must be a number.  
Enter your 9 digit number here

### Eligibility Check

**\* indicates a required field**

### Grant History

**Did you receive a Carterton District Council Community Grant in 2023**

- ☐ Yes  
☐ No

### Accountability

**Did you complete your Accountability form and send in before the due date of 31st May 2024? \***

- ☐ Yes  
☐ No

### Timeframe of Activity

**Can my proposed project be completed within 12 months? (Note accountability is due 1 May 2025) \***

- ☐ Yes  
☐ No

### Application Overview

**\* indicates a required field**

### Proposed Activity Details

**Title \***

Word count:  
Must be no more than 20 words.

# Community Grants Application Form 2024 - 2025

## Form Preview

### Activity description \*

Word count:

Must be no more than 100 words.

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

### What are the primary areas of focus for this project/program?

No more than 5 choices may be selected.

You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

### Who are the primary beneficiaries of this project/program?

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program

### Start Date \*

Must be a date and no earlier than 1/7/2024.

### End Date \*

Must be a date and no later than 1/5/2025.

### Total Amount Requested \*

\$

Must be a dollar amount.

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

### Activity Location

Refer to the Carterton District Council Community Grants Policy for more information about the location.

### Does your activity benefit the; \*

- ☐ Carterton District
- ☐ Wairarapa Region (Masterton, Carterton and South Wairarapa)

### Accessible to a Range of People:

Refer to; Wairarapa Positive Ageing [Strategy](#)

Rangatahi [Strategy](#)

# Community Grants Application Form 2024 - 2025

## Form Preview

**Is my project accessible to a range of people (eg: Older people, Youth focus, New Residents etc) \***

- ☐ Yes  
☐ No

**Provide a summary here:**

Word count:

Must be no more than 100 words.

## Budget

\* indicates a required field

### Budget

Income	\$	Expenditure	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

### Budget Totals

**Total Income Amount**

\$

This number/amount is calculated.

**Total Expenditure Amount**

\$

This number/amount is calculated.

**Income - Expenditure**

\$

This number/amount is calculated.

### Additional Information

**Annual Report or Accounts \***

Attach a file:

**Quotes, plans or activity details \***

Attach a file:

Pending applications from other funding sources:

**Have you applied for funding from Trusts, Organisations or other Wairarapa Councils? \***

- ☐ Yes  
☐ No

# Community Grants Application Form 2024 - 2025

## Form Preview

**Provide details of other organisations and the amount of funding applied for / you intend to apply for if the grant round still to open:**

## Activity Description

\* indicates a required field

### Alignment with the Carterton District Council Long term Plan

The current Long Term Plan information can be found [HERE](#)

**Please supply details about how your activity aligns with the LTP:**

Word count:

Must be no more than 200 words.

### Alignment with the Carterton District Council Annual Plan

The current Annual Plan (2022 - 2023) can be found [here](#)

**Please tell us how your activity aligns with the Annual Plan:**

Word count:

Must be no more than 200 words.

### Alignment with Community Wellbeing's

Which Community Wellbeing's does your activity align with? (tick as many boxes as applicable)

#### **Social Wellbeing**

- ☐ • A caring community that is safe, healthy and connected
- ☐ • An empowered community that participates in Council and community-based decision making
- ☐ • Awesome public facilities, spaces and parks

#### **Environmental Wellbeing**

- ☐ • An environmentally responsible community committed to reducing our carbon footprint and adapting to the impacts of climate change
- ☐ • A resilient community capable of responding and recovering from environmental shocks

#### **Economic Wellbeing**

- ☐ • A community that is productively engaged in employment, education, and community service

#### **Cultural Wellbeing**

# Community Grants Application Form 2024 - 2025

## Form Preview

- ☐ • Te Ao Maori/Maori aspirations and partnerships are valued and supported
- ☐ • A community that embraces and encourages our cultural diversity and heritage
- ☐ • A community that fosters and promotes our quirkiness and creativity

### Please describe your activity and how it supports the above outcomes

Word count:

Must be no more than 300 words.

### Please explain how your activity aligns with priorities 'Social, Environmental and Sport / Recreation' (Community Grants policy page 4):

Word count:

Must be no more than 100 words.

### Detailed information about your activity

#### How many people will benefit from the activity? \*

Word count:

Must be no more than 100 words.

## Declaration Authorisation

\* indicates a required field

This authorisation relates to information in this application that the Carterton District Council may hold about me/us now or in the future.

- I/we hereby declare that I am/we are authorised to submit this application and that any grant received will be used for the project for which it is approved
- I/we authorise the Carterton District Council to use this information for the purposes of administration of this application
- I/we authorise Carterton District Council to seek such information as may be required to complete consideration of this application
- I/we hereby declare that the information provided is correct
- I/we acknowledge that any decision made by the Carterton District Council is final and that no reasons for such decision will be given nor will any correspondence entered into
- I/we hereby declare that the enclosed annual accounts were presented at our most recent Annual General Meeting
- I/we hereby declare that we comply with any relevant obligations under the Vulnerable Childrens Act 2014
- I/we hereby declare that our project/initiative will be delivered within the financial year that they are received.
- I/we hereby declare that we will submit an acquittal form for accountability by the 1st May 2025.

**Name \***

Title

First Name

Last Name

# Community Grants Application Form 2024 - 2025

Form Preview

**Position \***

**Date \***

Must be a date.

**Declaration \***

☐ I agree to the above

## Final Checklist

Don't forget to have uploaded with your application:

- A copy of your organisation's most recent accounts
- A bank deposit slip / confirmation of account name and number