# Application Form
Form Preview

## Information for Applicants

The Tararua District Council is committed to supporting the long-term growth and development of our community. The Tararua District Council Contestable Fund, amounting to $100,000 annually, will support requests that contribute to a connected and thriving district.

**To be eligible for funding, applicants must:**

- Operate within the Tararua District;
- Demonstrate a clear benefit to the community or district; and
- Have no outstanding accountability reports for previous funding received from the Council.

The Contestable Fund will fund a wide range of costs integral to project or service delivery including salaries, training and development, administration, and office expenses, rent and utilities, promotion and materials and small capital items. However, it will not fund:

- Activities promoting religious, ministry, or political purposes
- Debt repayment
- Legal and medical expenses
- Public services under central government responsibility (e.g., education, primary health care)
- Alcohol purchases
- Retrospective costs (unless required as a grant condition)
- Large physical works needing consents or permits
- Services outside the district

**Conflicts of Interest:**

Organisations affiliated in some way to elected members or Council staff can still be considered for grant funding. However, organisations must declare any potential conflict of interest (or perception of a conflict of interest) in their application to ensure any necessary steps can be taken to mitigate this.

**For any questions or assistance with the application process, please contact:**

Community Partnerships Coordinator grants@tararuadc.govt.nz 06 374 4080 or 06 376 0110

## Applicant Details

* indicates a required field

**Applicant** *

○ Individual ○ Organisation

Organisation Name

Title | First Name | Last Name

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## Individual Details

**Position in Organisation (if applicable)**

**Applicant Email Address** *

Must be an email address.

**Applicant Phone Number** *

Must be a New Zealand phone number.

## Group or Organisation Details

**Organisation Physical Address**
Address

**Organisation Postal Address**
Address

**Organisation Phone Number** *

Must be a New Zealand phone number.

**Organisation Email** *

Must be an email address.

**Organisation Website**

Must be a URL.

**What is your organisations legal structure?** *
- ☐ Registered Charity
- ☐ Incorporated Society
- ☐ Trust
- ☐ Other

## Organisation Registration Details

**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.

**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.

## Request Details

* indicates a required field

### Type of request

Please identify your request as an event, a project, or a sponsorship to compete internationally.

- **Events** are one-off gatherings, which are celebratory, educational, competitive, commemorative, or exhibitive by nature.
- **Projects, or programmes,** are a set of planned tasks or activities that have a defined timeframe for completion.
- **International representation** is individuals or teams who have been selected or have qualified to represent Tararua District or New Zealand at an international event.

**Is your request for an event, a project, or to represent internationally?** *
- ○ An event
- ○ A project
- ○ International representation

**Name of Project / Event** *

**What do you want funding for?** *

Word count:
Must be no more than 300 words.
Examples: "The ongoing operational costs of our youth service that provides a wrap-around youth counselling and mentoring service" or "the running of a Matariki festival event for our local community".

**What are the expected benefits or outcomes for communities, hapū and/or iwi?** *

Word count:
Must be no more than 300 words.
Who will benefit from this request, and how? Highlight specific outcomes, such as increased participation, strengthened cultural practices, enhanced well-being, or improved community facilities.

**What community participation/collaboration will be involved?** *

Word count:
Must be no more than 300 words.
How does the community participate/engage with your project/event/service/request? Are there any organisations you work alongside or engage with, who and how?

## Funding Priorities

* indicates a required field

**The following funding priorities will be used in the assessment process to determine how a request aligns with local community needs.**

- **Thriving district:** The request will contribute to the well-being of the community, ensuring people are thriving, happy, safe, and well.
- **Local culture and traditions:** The request is likely to honour local customs, traditions, and values, reflecting a commitment to cultural respect and collaboration.
- **Improving environment:** The request will contribute to improving the natural environment while supporting the production of a diverse range of primary industry food and products.
- **Improving facilities and infrastructure:** The request is likely to improve community facilities and infrastructure, meeting the needs of future generations and supporting long-term prosperity.
- **Enhanced community wellbeing:** The request will contribute to enhancing community well-being through capacity, innovation, and adaptability, promoting balanced and sustainable growth.
- **Collaborative effort:** The request is likely to improve collaborative efforts, leveraging collective strength to address challenges and seize opportunities, making great things happen.

**Please tick any that apply:**
☐ Thriving district
☐ Local culture and traditions
☐ Improving environment
☐ Improving facilities and infrastructure
☐ Enhanced community wellbeing
☐ Collaborative effort

**Please share some examples of how your request aligns with the funding priorities** *

Word count:
Must be no more than 500 words.

## Financial Details

* indicates a required field

### Income

Please share details on any income that you have received for the request.

This could include donations, sponsorships, approved funding requests, or annual operational income.

If you have questions about this section, please contact us on grant@tararuadc.govt.nz

**Please list all confirmed and expected in $ Amount come for this request**

| | |
|---|---|
| | |
| | |
| | |
| | |
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| | |
| | |

## Total Income

**Total Income Amount**

This number/amount is calculated.

## Expenditure

**Please list all costs associated with your $ request**

| | |
|---|---|
| | |
| | |
| | |
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| | |
| | |
| | |

## Total Expenditure

**Total Expenditure Amount**

This number/amount is calculated.

## Funding Shortfall

**Total Income Amount** *

This number/amount is calculated.

**Total Expenditure Amount** *

This number/amount is calculated.

**Funding Shortfall** *

This number/amount is calculated.

## Funding Request

**Total Amount Requested**

Must be a dollar amount.
What is the total amount you are requesting? In most cases, this should not exceed Funding Shortfall (unless you can provide evidence why additional funds are required).

## Budget Additional Information

**Please upload any additional budget information**
Attach a file:

**Is there anything else you'd like to share in regard to the budget?**

Word count:
Must be no more than 200 words.
Are there unconfirmed income sources or expenses related to this request that you have not stated above?

## Bank Details

Please provide details of the account that you wish for funds to be paid into should your application be successful.

Please attach proof of bank details. This can be one of the following:

- Bank statement
- Bank deposit slip
- Screenshot from your online banking
- A letter from the bank
- ATM printout

Evidence must show the following:

- Bank’s logo
- Full bank account number
- Account name (plus other names if the account is a joint account)

*Please redact all transaction lines for your privacy.*

**Bank Account** *
Account Name

Account Number

Must be a valid New Zealand bank account format.

**Proof of bank account**
Attach a file:

**Are you registered for GST?** *
- ○ Yes
- ○ No

**If Yes, please provide your GST number:**

## Declaration and Authorisation

* indicates a required field

### Conflicts of Interest

All known conflicts of interest (whether actual, potential, or perceived) must be declared.

Council officers involved in the funding process are also required to declare any conflicts of interest.

**Are there any Tararua District Council staff members or elected members in your organisation?** *
- ○ Yes
- ○ No
- ○ I don't know / I'm not sure

**If Yes, please provide names of any conflicted persons/parties**

**Are you aware of any other conflicts of interest which could affect this proposal?** *
- ○ Yes
- ○ No

**If Yes, please describe**

### Terms and Conditions

In making this application, I acknowledge and agree to the following:

1. **Use of Funds**: The funding provided will only be used for the purpose stated in this application. Any changes must be approved in writing by the council.
2. **Reporting Requirements**: I will provide a report on how the funds were used and the outcomes achieved within the timeframe specified by the council.
3. **Acknowledgment**: I agree to acknowledge the council's support in any promotional materials, media releases, or public communications related to the funded activities.
4. **Council Use of Outcomes Information**: I understand that the council may use the information provided in my outcomes report for its own communications and engagement (e.g. to promote the contestable fund).
5. **Unused Funds**: Any unspent funds will be returned to the council unless otherwise agreed.
6. **Audit and Compliance**: I will maintain accurate records of fund use, comply with all relevant laws, and understand the council may audit the funded activities if required.
7. **Termination and Repayment**: The council may terminate funding and request repayment if these terms are breached or if false information is provided.

By ticking the box below, I confirm that I have read, understood, and agree to these terms and conditions.

**Agreement to Terms and Conditions** *
○ I agree to the Terms and Conditions

## Authorisation

By submitting this application, I confirm that:

1. I am authorised to submit this application on behalf of the organisation, group, or individual named in this form.
2. All information provided in this application is true and accurate to the best of my knowledge.
3. I have obtained all necessary permissions, including consent from any third parties involved, to submit this application and proceed with the proposed funding request.
4. If successful, I agree to comply with all funding conditions, including providing progress updates and a final report as required.
5. I acknowledge that the information provided may be used for decision-making purposes and shared with relevant council staff, committees, or boards as part of the funding process.

By ticking the box below, I confirm that I have read and understood the above statements.

**Agreement** *
○ I agree and authorise this application.

**Signed** *

Please type your full name

**Dated** *

Must be a date.