DRF Local Application Form
Form Preview

Applicant Details

* indicates a required field

Before you start

Ensure you are applying to the correct fund. Click here to view the fund decision tree.

Please review the criteria and terms and conditions relating to this fund before proceeding.

We recommend that you talk to a local or citywide advisor prior to submitting your application.

We STRONGLY advise you submit your application well before the closing date/time so, if necessary, adjustments can be made. You will not be able to switch funds once the fund is closed, however, if you submit early and we identify that you are in the incorrect place you want to make sure you have time to recreate your application in the correct fund.

An informal group (unincorporated or without charitable status) can apply but it:

- cannot apply for more than $2,000
- must have a bank account in its own name

OR can use an umbrella organisation - contact communitygrants@ccc.govt.nz or 03 941 5488 to discuss options.

Applicant

Name of organisation / group completing the project *
Organisation Name

Project Title *

Give us a descriptive title for this project.

Are you using an umbrella organisation for this funding request? *
○ Yes ○ No

If you are using an umbrella organisation, once you have submitted your application you will be required to provide information about that group.

Both groups will need to sign this agreement so we know that you both understand your obligations in applying and, if granted, receiving funds.

Download the Agreement for Umbrella Groups.

Download a resolution to umbrella the group applying to this fund.

If we do not receive a signed umbrella agreement 4 weeks after the fund closing date, **your application will automatically be withdrawn.**

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Resolution to apply

A resolution to apply is required by the project group. The resolution must be on the groups letterhead and signed by two committee/Board members.

You can download a standard resolution here.

Upload the Signed Resolution

Resolution to apply *
Attach a file:

Two Signatures are required.

Signatories cannot sign for a grant that they directly benefit from (eg, if you are applying for your own wages you cannot sign this resolution).

Resolution Details

Resolution should be on organisation / group letterhead and include:

- Name of organisation
- Name of the meeting in which the decision was made to apply.
- That the application was to be made to the Christchurch City Council and to which fund
- Amount of funding to be applied for
- The project or item that the application was to be for.

Eg

It was decided at XYZ Meeting on DATE that the ZXYZ PROJECT GROUP applies for $X,XXX to the Christchurch City Council Discretionary Response Fund for ABC PROJECT / XYZ PROJECT COSTS.

Funding Request Contact

Application Contact *
First Name
Last Name

Application Contact Phone Number *
Must be a New Zealand phone number.

Application Contact Address
Address

Application Contact Email *
Must be an email address.

Organisation details

Physical Address *
Address

Address Line 1, Suburb, Town/ City, Postcode, and Country are required.

Phone Number *
Must be a New Zealand phone number.

Website
Must be a URL.

Email *
Must be an email address.

Postal Address
Address

Applicant Organisation 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.
To find your Charity Registration Number (CRN), visit: https://register.charities.govt.nz/CharitiesRegister/Search

Please ensure addresses are the physical address of the organisation. If no regular building then the place your activities are most commonly provided.

Incorporated Society / NZBN Number

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.
To find your New Zealand Business Number (NZBN), visit: https://is-register.companiesoffice.govt.nz/

Bank Details

Bank Account - Funds are to be paid into *
Account Name

Account Number

Must be a valid New Zealand bank account format.
xx xxxx xxxxxxx xxx (do not put in dashes)

If using an umbrella organisation bank details must be for that organisation.

Bank Deposit Slip *
Attach a file:

Funding Request Details

* indicates a required field

Project details

What is your funding request for *

Word count:
Must be no more than 200 words.
Provide a short description of your project - how will this grant support this project?

Please tick the Strengthening Communities Together Strategic pillars that your project aligns to: *
☐ Te Tangata: People We actively promote a culture of equity by valuing diversity and fostering inclusion across communities and generations
☐ Te Whenua: Place We support and help build connections between communities and their places and spaces to foster a sense of local identity, shared experience and stewardship.
☐ Te Mahi: Participation Residents and groups in the wider community are socially and actively engaged and are able to initiate, influence and make decisions that affect their lives.
☐ Te Takatū: Preparedness People feel safe in their communities and neighbourhoods and work together to understand, adapt and thrive in the context of change and disruption.
The Strengthening Communities Together Strategy can be found here: https://ccc.govt.nz/the-council/plans-strategies-policies-and-bylaws/strategies/strengthening-communities-together-strategy

Briefly explain how your project contributes to the selected strategic Pillar(s) above *

Word count:
Must be no more than 100 words.

Please tick the Physical Recreation and Sport Strategy goals that your project aligns to (if applicable):
☐ Participation: The citizens of Ōtautahi live physically active lives through participation in recreation, sport and play.
☐ Partnership: Quality recreation, sport and play experiences are enabled through partnerships.
☐ People: A strong and sustainable sector effectively delivers recreation, sport and play experiences.
☐ Places: The citizens of Ōtautahi have access to fit for purpose places and spaces to participate in recreation, sport and play.

Select which community/project sector(s) best describe your project? *
☐ Community Development
☐ Multicultural
☐ Youth
☐ Disability/ Accessibility
☐ Older Adults
☐ Environment
☐ Safety
☐ Arts
☐ Sports/Recreation
☐ Māori
☐ Pacific Peoples
☐ Wellbeing
☐ Equity/Inclusion
☐ Social Services
At least 1 choice and no more than 3 choices may be selected.

Mana Whenua

Council work within Te Hononga, a partnership between the Christchurch City Council and Papatipu Rūnanga (Mana Whenua). As a learning organisation we are interested in what relationships and engagement organisations have with mana whenua and will use the information supplied below for reporting on the strength of Te Hononga.

Does your group or organisation have an existing partnership or relationship with mana whenua? *
○ Yes ○ No ○ Don't know

Please give details on the partnership or relationship

Word count:
Must be no more than 100 words.

Will this project, or the activities funded through this application, involve mana whenua as participants, advisors, or in another capacity? *
○ Yes ○ No ○ Don't know ○ Not Applicable

Comment on mana whenua as participants, advisors, or in another capacity.

Word count:
Must be no more than 100 words.

Climate Change

This fund is not specifically a climate / environmental fund. However, the Council has climate goals it wants to achieve. To allow us to understand how our grant funding contributes to those goals, please answer the questions regarding your project/activities.

Does your project increase community climate literacy and/or preparedness?

○ Yes ○ No

Does the project contribute to reducing climate risk?

☐ Increase in shade vegetation/structures
☐ Increase in pervious surfaces
☐ Increase in stormwater absorption capacity
☐ Increase in community understanding of climate change impacts (community education events/surveys)
☐ Water saved or stored
☐ Trees or other vegetation planted
☐ Local food produced
☐ Reduction in pest species (flora or fauna)
☐ Reduction in flammable weeds and/or vegetation
☐ Increase in mulching/plant protection
☐ Other:

Dates

If you are applying for operational costs, there is no need to have an end date.

Start Date *

Must be a date.

End Date

Must be a date.

Participation, benefits and outcomes

* indicates a required field

Staff/Volunteer information

Number of paid staff *

Must be a number.

Number of volunteers or unpaid staff *

Must be a number.

Annual volunteer hours across your organisation *

Must be a number.

Participants

How many people will directly benefit from this project *

Must be a number.

How will the participants of the project or activities be better off? *

Word count:
Must be no more than 250 words.

Community Outcomes

For outcomes we are looking to see:

- numbers of participants- programmes run/events run- have these numbers increased on last year- volunteer participation- participant outcomes- has diversity increased

Numbers are helpful and also provide a description of what you are trying to achieve.

Needs being met could be:

- social isolation- language preservation- lack of diversity in this sector/activity/group

Demonstrate evidence of need. This could include research findings or anecdotal feedback.

What are the expected outcomes of the project? *

Word count:
Must be no more than 200 words.
Must be no more than 200 words. Describe up to three things you want the project to achieve in terms of benefits for participants and/or the wider community.

How will you know if these outcomes have been achieved? *

Word count:
Must be no more than 200 words.
Describe up to three changes you will see if the expected outcomes of the project are achieved.

What need is being met in the community by this project or activity? *

Word count:
Must be no more than 150 words.

Collaboration

Are you collaborating with any other groups to provide this project or activity? Are there other groups doing a similar project or activity? *

Word count:
Must be no more than 150 words.

Policies and Procedures

* indicates a required field

Policies and Procedures

Community Boards are committed to ensuring their funding supports inclusive projects that benefit diverse communities. We are keen to understand what policies and procedures your organisation has. E.g. accessibility for people with disabilities, multicultural, rainbow communities, alcohol/drug harm reduction.

If you need support in developing a policy, please contact your local Community Development or Recreation Advisor.

Here are some examples you could use:

Sport New Zealand - Equality, Diversity and Inclusion Policy Template

Health, Safety and Wellness Policy Templates - Community Governance Aotearoa

Does your organisation have any policies around these topics? *
- ○ Yes
- ○ No

Please provide details of the current policies you have and/or are developing.

If your project involves working with children, does your organisation have policies in place around child protection? *
- ○ Yes
- ○ No
- ○ Not Applicable

If yes, please upload a copy of your policy.
Attach a file:

Budget - for this project

Expenditure for this project/activity

*This is a broad overview of your expenses for this project.*If you want to include a full project budget, upload it in the supporting documents upload section on the next page.

Please NOTE: When asked to enter the dollar amount please put in as 1000. There should be no comma's or $.

Download a sample budget to help you complete this section.

Cost Description	Category	Total Cost ($) for the expenditure	How much ($) you are requesting from Council?	Upload a quote
		Total dollar amount (eg 1000). No comma's or $) Must be a number.	Must be a number.	Where relevant

Grant Funding

List the grants you have applied for to fund this project. Do NOT include this grant application request amount in the list below.

Confirmed funding is money you have received or have been approved for.

Unconfirmed funding is funding you have applied for but not had confirmation of any decision at the time of application.

Date applied	Who have you applied to	How much CONFIRMED funding ($) have you received	How much UNCONFIRMED funding ($) have you applied for	If unconfirmed, expected decision date
Must be a date.	Funder Name	Must be a number.	Must be a number.	Must be a date.

Other income related to this project

Please enter your income details. In the Amount column the number must be a whole number, no coma's, or dollar signs (eg 1000 not $1,000).

Do not include grants listed above or this grant request in the boxes below.

In-kind income includes volunteer hours, donated equipment, or discounts to costs (eg reduced venue hire).

Volunteer hours can be calculated by number of hours and equivalent hourly pay rate. Ten volunteers @ 8 hrs per day for 7 days -(10x8)x7 = 560 with an hourly rate of $28.95/hr (the current living wage) = $16,212.

Income Detail	Income Category	Income Amount ($)
		Must be a number.

Income Totals

Confirmed grant funding	Unconfirmed grant funding	Total of other Income
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Council Request Details

The following figures are calculated from the information supplied above. If they are incorrect, you will need to fix the corresponding amounts in the figures above.

Total Amount Requested	Total Project Cost	Percentage of project requested %

This number/amount is calculated.
What is the total financial support you are requesting in this application?

This number/amount is calculated.

This number/amount is calculated.
%

Supporting documents

You must attach the following supporting documents:

- Recent bank statement - for the last three months
- Full project budget (Including items not included in Council Request)
- Annual accounts - please supply the most recent (if older than 12 months also supply a recent financial update)

If applicable to your project also attach:

- Job description - if applying for salary or wages
- Volunteer description - a list of volunteer duties if you are applying for volunteer costs
- Other supporting documents

IMPORTANT NOTES ABOUT ATTACHMENTS:

If you have problems uploading documents, please contact communitygrants@ccc.govt.nz

Request Information Upload
Attach a file:

Declaration

* indicates a required field

I/We confirm that this application has been approved by the appropriate authorising body of the organisation, and that this has been minuted at an appropriate Board/Committee meeting.

I/We have read and accept the Christchurch City Council's Grant Terms and Conditions.

For the purpose of processing this application and assessing our group's eligibility, we authorise the Council to:

- Collect information about this application, including name, contact information and bank details, and our group, and disclose such information to, third parties; and
- Collect, retain, use and disclose personal information about individuals who are noted in this application. We confirm we have consent to authorise this.

We collect your personal information in order to assess your funding application and any subsequent applications.

We keep the personal information in accordance with the Privacy Act 2020. We hold it safe by storing it with Smartygrants and between servers it is encrypted using HTTPS (TLS 1.3 by default, TLS 1.2 is supported for older browsers).

We only allow authorised Council staff to access this information.

By submitting an application, you consent to council publishing the applicant's name, project description and amount funded on our website. This information may also be used for promoting Christchurch City Council's grant program.

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 incorrect. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at communitygrants@ccc.govt.nz, or phone 03 9415488.

I/we solemnly declare that the details contained in this application are true and correct to the best of our knowledge and we have authority to commit to the above conditions.

*

○ I/We confirm the above declaration.

Tell us about your experience completing this form

You are now at the end of this form. Before you review your application, we would appreciate it if you would please take a few moments to provide some feedback.

Please ensure that you push 'Submit' once the application is completed for the form to be submitted. Late applications will not be considered.

Please indicate how you found the application form:

○ Very Easy ○ Easy ○ Neutral ○ Difficult ○ Very Difficult

Did you find the application process useful in helping to understand your own work?

○ Yes ○ No

Please provide us with your suggestions about any improvements and/or additions to this form that you think we need to consider:

Any final comments?