

# 2026/27 PPF Application Form

## Form Preview

### Application Details

\* indicates a required field

#### Applicant Details

##### Name of organisation / group completing the project \*

Individual       Organisation

Organisation Name

First Name

Last Name

##### Name of programme or 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not receive a signed umbrella agreement 4 weeks after the fund closing date, **your application will automatically be withdrawn.**

##### Total Amount Requested

This number/amount is calculated.

This is calculated when these figures are added into the system.

#### 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:

##### Resolution Details

Resolution should be on organisation / group letterhead and include:

- Name of organisation

**Two Signatures are required.**

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**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).

- 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 Strengthening Communities Fund for ABC PROJECT / XYZ PROJECT COSTS.

### Contact person for this application

First Name

Last Name

### Contact details for organisation

**Physical Address**  
Address

  

**Phone Number**

Must be a New Zealand phone number.

**Email**

Must be an email address.

**Website**

Must be a URL.

**Postal Address**  
Address

  

**Phone Number**

Must be a New Zealand phone number.

**Contact Email**

Must be an email address.

### Organisation background

### Project viability

**Will your project go ahead without Council funding?**

Yes, project will go ahead without Council funding  No, project will not go ahead without Council funding

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### Applicant bank details

#### Bank Account - the account the grant will be paid into

Account Name

Account Number

Must be a valid New Zealand bank account format.

#### Bank Deposit slip or other official printed document showing bank account name and number

Attach a file:

#### Applicant Organisation 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.

#### 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

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Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

## Project Details

\* indicates a required field

### Start Date of project

Must be a date.

### End Date of project

Must be a date.

### Brief programme or project description \*

Word count:

Must be no more than 400 words.

Provide a short description of your programme or project - what are you out to do?

## Strategy Alignment

### Does your project align with the Place Partnership Fund purpose? \*

- Strengthen connections between communities and their places and spaces, to foster inclusion, local identity, shared experience and stewardship.
- Build community capacity and active participation in civic life.
- Create vibrant and welcoming places and spaces through place-based approaches to public installations or social activity.
- Connect people through active collaboration and partnership.
- Evolve with the city to address current and future needs.
- Act as a testing ground for creative, experimental and innovative ideas.

### Please explain \*

### Does your programme or project align with our Strategies?

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### Please explain how you meet our Strategies

### Tick all Board areas your activities are in: \*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Te Pataka O Rakaihautu Banks Peninsula | <input type="checkbox"/> Waimāero Fendalton-Waimairi-Harewood | <input type="checkbox"/> Waipapa Papanui Innes Central       |
| <input type="checkbox"/> Waitai Coastal Burwood Linwood         | <input type="checkbox"/> Waipuna Halswell Hornby Riccarton    | <input type="checkbox"/> Waihoru Spreydon Cashmere Heathcote |

## Funding Request Details

### Who is involved?

Number of volunteers

Must be a number.

Number of paid staff

Must be a number.

### Are you collaborating with any community groups or other partners?

## Funding Outcomes

Below are some suggested outputs and deliverables to include. Please adapt (add/delete/change) these to suit the context of your programme or project.

Where possible, include specific numbers and a clear description of what you aim to achieve. Quantitative data helps us better understand the scope and impact of your work.

- Estimated number of people who will directly benefit
- Number of activities or events delivered
- Comparison with last year's figures (ie, increase in reach or engagement)
- Estimated volunteer hours contributed
- Efforts that support organisational resilience

<b>What are you going to do?</b>	<b>What change/impact is expected from your activity?</b>	<b>Why is it important?</b>	<b>How will you measure it?</b>
----------------------------------	---	-----------------------------	---------------------------------

Must be no more than 50 words.	Must be no more than 50 words.	Must be no more than 50 words.	Must be no more than 50 words.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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### Budget for this project

#### Expenditure for this project

*This is a broad overview of your expenses.* 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	Expenditure Category	Total Cost (\$) for the expenditure	How much (\$) you are requesting from Council?	Upload a quote
		Total \$ amount (eg 1000). No comma's, \$) Must be a number.	Must be a number.	Where relevant

### Grant Funding

List the grants you have applied for to fund this project including any other Council funds. 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
	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  $-(10 \times 8) \times 7 = 560$  with an hourly rate of \$29.90/hr (the current living wage) = \$16,744.

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Income Detail	Income Category	Income - In Kind Value	Income Amount (\$)
		Must be a number.	Must be a number.

**Confirmed grant funding**

This number/amount is calculated.

**Unconfirmed grant funding**

This number/amount is calculated.

**Total of other Income**

This number/amount is calculated.

**Total of In-Kind Donations**

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 Requested**

This number/amount is calculated.

**Total Project Cost**

This number/amount is calculated.  
What is the total budgeted cost (dollars) of your project?

**% of Total Cost Requested**

This number/amount is calculated.

Upload other budgetary supporting documents

**Upload other items to support each of your budget requests.**

Attach a file:

## Mana Whenua / Climate Change

\* indicates a required field

### Mana Whenua

**Will this project impact mana whenua?**

Yes

No

Describe the impact on mana whenua

**If yes, what is the impact on mana whenua?**

Word count:

### Climate Change

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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

### How does the project contribute to reducing climate risk?

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

### How does the project improve other outcomes (co-benefits)?

- |   |   |
|---|---|
| <input type="checkbox"/> Biodiversity restored        | <input type="checkbox"/> Employment/career experience opportunities created |
| <input type="checkbox"/> Soil carbon restored         | <input type="checkbox"/> Food security                                      |
| <input type="checkbox"/> Waste diverted from landfill | <input type="checkbox"/> Other: <input type="text"/>                        |
| <input type="checkbox"/> Water quality improvements   |   |

### How does the project reduce emissions?

- |  |   |
|--|---|
| <input type="checkbox"/> Save power                            | <input type="checkbox"/> Increase use of electric equipment/electric/hybrid vehicle use |
| <input type="checkbox"/> Generate renewable energy             | <input type="checkbox"/> Reduce, reuse, recycle materials, equipment or other           |
| <input type="checkbox"/> Reduce car trips                      | <input type="checkbox"/> Other: <input type="text"/>                                    |
| <input type="checkbox"/> Reduce use of petrol/diesel equipment |   |

## Supporting documents

\* indicates a required field

### You must attach the following supporting documents:

- Project budget
- Annual accounts - please supply the most recent (if more than 12 months old also supply a recent financial update)
- Any other documents that you feel may help us understand your project more clearly.

If you do not attach the above supporting documents before submitting we will not be able to process your application.

IMPORTANT NOTES ABOUT ATTACHMENTS:

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*If you have problems uploading documents, please contact [communitygrants@ccc.govt.nz](mailto:communitygrants@ccc.govt.nz)*

### **Request Information Upload**

Attach a file:

### **Declaration**

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](mailto: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.