

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

Must be no more than 250 characters.

Are you using an umbrella organisation for this funding request?

Yes No

Information when using an umbrella organisation

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.](#)

This agreement must be uploaded when completing the Umbrella Details Form.

Application for 2026/27

Form Preview

If we do not receive all the required umbrella information **your application will automatically be withdrawn.**

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 Strengthening Communities 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 and Suburb are required.

Phone Number *

Must be a New Zealand phone number.

Website

Application for 2026/27

Form Preview

Postal Address *

Address

Must be a URL.

Address Line 1 and Suburb are required.

Email *

Must be an email 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

Application for 2026/27

Form Preview

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 paid into *

Account Name

Account Number

Must be a valid New Zealand bank account format.
xx xxxx xxxxxxxx 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 150 words.

Please attach a detailed project description. How will this grant support this project?

Toi Ōtautahi - Strategy and Priorities

Information about Toi Ōtautahi, the city's strategy for Arts and Creativity, can be found here: <https://ccc.govt.nz/culture-and-community/art-museums/toi-otautahi-christchurch-arts>

You can download a copy of Toi Ōtautahi at this link: <https://ccc.govt.nz/assets/Documents/The-Council/Plans-Strategies-Policies-Bylaws/Strategies/Strategy-for-Arts-and-Creativity.pdf>

The vision of Toi Ōtautahi, the city's strategy for Arts and Creativity is:

"Ōtautahi Christchurch is New Zealand's best place to live and be creative; where artistic talent is supported and where creative exploration is encouraged".

Priorities

Which Toi Ōtautahi priorities will your project or organisation deliver to?

- | | |
|--|---|
| <input type="checkbox"/> Ngā toi Māori - Strengthen opportunities for ringatoi Māori and to experience ngā toi Māori | <input type="checkbox"/> Inclusion - Connecting communities and enabling participation and leadership in the arts |
| <input type="checkbox"/> Resource - Create space, employment and contract opportunities within creative sector | <input type="checkbox"/> Connection - Contributes to better understanding of the role of the arts and artists |
| <input type="checkbox"/> Create and Encounter - Support or generate opportunities for active participation or experience of arts, creativity and culture | |

Please choose ALL that apply. Please note you will be asked to explain how your projects meets these criteria. You will not be ranked higher or lower if you choose more than one; the panel will be assessing how well you meet the criteria.

Ngā Toi Māori - Strengthen opportunities for ringatoi Māori and to experience Ngā Toi Māori

Please explain how your project or organisation delivers this strategic priority

Word count:

Must be no more than 200 words.

Create and Encounter – Support or generate opportunities for active participation or experience of arts, creativity and culture

Please explain how your project or organisation delivers this strategic priority

Word count:

Must be no more than 200 words.

Resource - Create space, employment and contract opportunities within creative sector

Please explain how your project or organisation delivers this strategic priority

Word count:

Must be no more than 200 words.

Inclusion – Connecting communities and enabling participation and leadership in the arts

Please explain how your project or organisation delivers this strategic priority

Word count:

Must be no more than 200 words.

Connection - Contributes to better understanding of the role of the arts and artists

Please explain how your project or organisation delivers this strategic priority

Word count:

Must be no more than 200 words.

How many people will directly benefit from this project?

Number of Creative Participants *

Must be a number.

Approximate audience numbers *

Must be a number.

Dates

Strengthening Communities Funding will not be paid until after 1 September the year it is granted so the start date must be after this date.

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.

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

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 wider 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 | |

Participation, benefits and outcomes

* indicates a required field

Collaboration

Tell us about any partnerships or collaborations related to your project and how does this differ from other similar projects in the sector? *

Application for 2026/27

Form Preview

Word count:
Must be no more than 150 words.

Staff/Volunteer information

Number of paid staff *

Must be a number.

Number of volunteers or unpaid staff *

Must be a number.

Number of volunteer hours for this project *

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.

Funding

If, for any reason, Council does not fund this project—or is only able to contribute partial funding—does your organisation have a contingency plan in place to support the delivery of the project? Please outline.”

Funding Outcomes

Choose 2 – 3 significant outcomes related to your Strengthening Communities Fund application and provide detail below. If your application is related to operational or staffing costs please detail how this enables the desired organisational outcomes. For example, the key activities a staff member will deliver, or the significance of renting / operating space.

What are you going to do?	What change/impact is expected from your activity?	How do you know the activity is needed?	How will you know if you have been successful?
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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"/>

Budget for this project

Application for 2026/27

Form Preview

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.

You cannot apply for your own Salary or Wages. The person making the application must be different from recipient of any potential funding.

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?	How much in-Upload kind you are 'requesting' from others	Upload quotes
		Total dollar amount (eg 1000). No comma's or \$) Must be a number.	Must be a number.	Must be a number.	Where relevant

Grant Funding

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

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

All these grants must be for this project. Do NOT include this grant application request amount in the list below.

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).

Application for 2026/27

Form Preview

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 \$28.95/hr (the current living wage) = \$16,212.

Income Detail	Income Category	Income - In Kind Value	Income Amount (\$)
		Include things like volunteer hours etc, Must be a number.	Must be a number.

Income Totals

Confirmed grant funding <input type="text"/> This number/amount is calculated.	Unconfirmed grant funding <input type="text"/> This number/amount is calculated.	Total of other income <input type="text"/> This number/amount is calculated.	Total of In-Kind donations <input type="text"/> This number/amount is calculated.
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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 <input type="text"/> This number/amount is calculated.	Total Project Cost <input type="text"/> This number/amount is calculated.	Percentage of project requested <input type="text"/> This number/amount is calculated. %
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Funding - Multiyear

How many years funding are you requesting?

2
 3

Second Year Funding

Amount Requested Year 2

Must be a dollar amount.
 What is the amount (in dollars only) of the total requested funds committed in the second year?

Further details if different to Year 1 request

How does getting additional years funding benefit your organisation?

Third Year Funding

Amount Requested Year 3

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the third year?

Further details if different to Year 2 request

Supporting documents

You must attach the following supporting documents:

- Your organisation's full annual budget, which must include this project/application request
- Annual accounts - please supply the most recent (if more than 12 months old also supply a recent financial update)
- Recent Bank Statement - for the last three months
- Quotes for Purchase of Capital items
- Detailed Project Description

If applicable to your project, also attach:

- Job description (if applying for salary or wages)
- Volunteer job description/duties
- 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:

Application for 2026/27

Form Preview

- 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 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 Don't know Not Applicable

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?

