

Papanui-Innes-Central YDF Application Form

Form Preview

Eligibility Criteria - Waipapa Papanui-Innes-Central Community Board

* indicates a required field

- Age groups 12 to 21 years, however, a youth in Year 7 or 8 will be eligible in a group application for consideration whether or not they are yet 12 years of age but live in the Papanui-Innes-Central wards.
- Projects must have obvious benefits for the young person and if possible the wider community.
- Individual applicants can receive a maximum of three Youth Development Grants, with a limit of one grant per financial year (July to June). Further applications may be accepted in exceptional circumstances.
- Applicants should be undertaking other fundraising activities and not relying solely on Community Board support.
- Successful applicants will be required to report back on their experiences and benefits to the Community Board.
- Retrospective applications will not be considered.

Group applications

If you are part of a larger group (e.g. sports team, scout group, orchestra, etc) and other members of the group may be applying to the Youth Development Fund for the same event, you will need to apply to each of the Community Board areas where the young people reside. If you are unsure which Board(s) to apply to, please contact Katie MacDonald - katie.macdonald@ccc.govt.nz or 941-5325.

Please note: The group/team/school must have a bank account in their name. We cannot pay any approved funding for a group into a personal/private account. For example, if you are a sports team and do not have your own account, we would pay into your Club's account.

Is this a group application? *

- ☐ Yes
☐ No

Group Application

* indicates a required field

Application Contact

Name of Group/Club/Team *

Application Contact Phone Number *

Must be a New Zealand phone number.

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Application Contact Person *

First Name

Last Name

Application Contact Email *

Must be an email address.

Organisation/Group Bank Details

Bank Account (that funds are to be paid into)

Account Name

Account Number

Must be a valid New Zealand bank account format.

Upload a bank deposit slip or bank statement. The group/team/school must have a bank account in their name. We cannot pay any approved funding for a group into a personal/private account. For example, if you are a sports team and do not have your own account, we would pay into your Club's account.

Please ensure that the upload clearly shows the Bank logo and full details of your name and account number.

Bank Deposit Slip File Upload

Attach a file:

Details of young people you are applying on behalf of

Please upload a document with the Full Name, Address and Date of Birth of each young person residing in the Papanui-Innes-Central area *

Attach a file:

Applicant Details

* indicates a required field

Contact Details

Applicant *

First Name

Last Name

Middle Name (if none, please put N/A) ***Address ***

Address

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

Phone Number *

Must be a New Zealand phone number.

Email *

Must be an email address.

Date of Birth *

School (if applicable)

Bank Details

This can be your own account or your parents/caregivers.

Bank Account *

Account Name

Account Number

Must be a valid New Zealand bank account format.

Proof of Account details (please ensure that the upload clearly shows the Bank logo and full details of your name and account number).

Attach a file:

Event/Activity description

* indicates a required field

Name of Event/Activity *

Tell us about the event/activity you are seeking funding for *

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Word count:
Must be no more than 300 words.

Start date of event/activity *

Must be a date.

End date of event/activity *

Must be a date.

Have you applied to the Youth Development Fund before? *

- ☐ Yes
☐ No

About you

Please tell us a bit about yourself including your involvement in the sport/activity, how often you participate/train, achievements to date, other hobbies. *

Word count:
Must be no more than 300 words.

About the Group or Team

Please tell us a bit about the group/team that is participating in the event/activity. E.g. How often do they participate/train, previous achievements etc. What was the selection process for the event/activity? *

Word count:
Must be no more than 300 words.

Financial Information

*** indicates a required field**

Budget

Cost of event/activity (e.g. airfares, registration fee, travel insurance, etc.) Please put the cost of each individual item on a new line.

Expenditure

\$

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Fundraising

What other fundraising activities have you undertaken for this event/activity? (e.g. income from part-time employment, raffles, sausage sizzles, any voluntary work, etc.)

Fundraising activity and amount raised \$

Other sources of funding

Please list any other funding sources you have applied to for this event/activity. (Include the funding organisation, amount requested, date of decision and whether it is pending, approved or declined and the amount received if approved.)

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Total Amount Requested *

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Must be a dollar amount.

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

Supporting documents

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In order for us to assess your application, can you please provide the following attachments:

- Proof of attendance/selection for the event
- Quotes for costs applied for
- Supporting letter(s)/information from coaches, event organisers, etc.

IMPORTANT NOTES ABOUT ATTACHMENTS:

Please only attach documents in these formats: Word, PDF, Excel, JPEG

Files will not upload if the size limits are exceeded.

If you have problems uploading documents or your files exceed 38Mb total, you can email additional documents to lyssa.aves@ccc.govt.nz

Request Information Upload

Attach a file:

Declaration

* indicates a required field

I declare that all details contained in this application form are true and correct to the best of my knowledge. I accept that information in this application may be used in an official Council report.

Please confirm *

☐ I/We confirm the above declaration.

Tell us about your experience completing this form

You are now nearing 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 indicate how you found the application form:

☐ Very Easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very Difficult

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