

Biodiveristy Fund Application 2024/25

Form Preview

Applicant Details

* indicates a required field

Name of group applying:

Organisation or Group Name: *

Organisation Name

Project Title *

Please give the project/activity you lwould like funded a name.

Funding Request Contact

Application Contact Person *

First Name

Last Name

Application Contact Phone Number *

Must be a New Zealand phone number.

Application Contact Email *

Must be an email address.

Is this person the landowner? *

☐ Yes

☐ No

Contact Information

Organisation Physical Address *

Address

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

Organisation Postal Address

Address

Biodiveristy Fund Application 2024/25

Form Preview

Organisation Email *

Must be an email address.

Organisation Phone Number *

Must be a New Zealand phone number.

Organisation Website

Must be a URL.

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 Charitiy Registration Number (CRN), visit: <https://register.charities.govt.nz/CharitiesRegister/Search>

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

Biodiveristy Fund Application 2024/25

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/>

Organisation/Group Bank Details

Bank Account (that funds are to be paid into) *

Account Name			
<input type="text"/>			
Account Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Must be a valid New Zealand bank account format.

Upload a bank deposit slip or bank statement. The Account Name **must match** the name of the organisation or group applying for funding.

Bank Deposit Slip File Upload *

Attach a file:
<input type="text"/>

Landowner Details

Landowners Name

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Landowner Address

Address
<input type="text"/>
<input type="text"/>

Landowners Email

<input type="text"/>

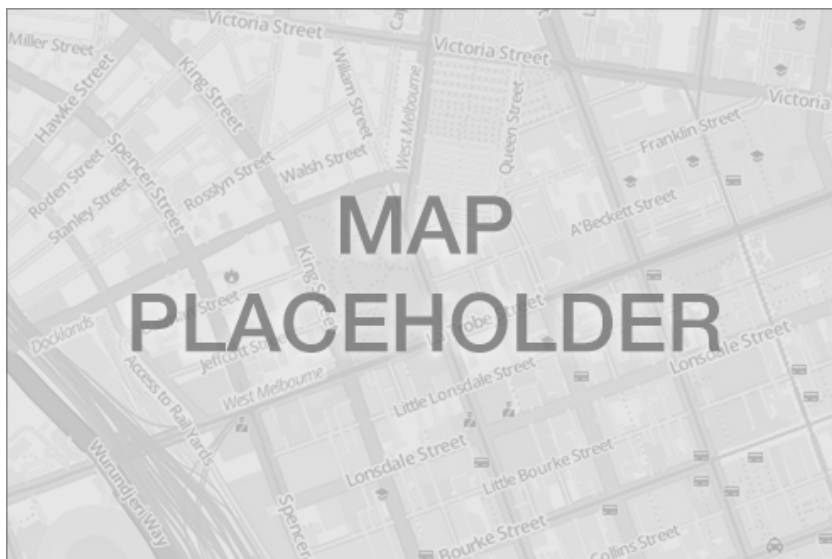
Must be an email address.

Address of Site

Address
<input type="text"/>
<input type="text"/>

Biodiveristy Fund Application 2024/25

Form Preview



Landowners Mobile

Must be a New Zealand phone number.

Upload signed agreement from landowner for project to occur on their land

Attach a file:

Funding Request Details

* indicates a required field

Tell us about the project you are seeking funding for. Aims (Briefly describe the work you plan to do) *

Word count:

Must be no more than 100 words.

Provide a short description

Dates for this project

Project Start Date

Must be a date.

Project End Date

Must be a date.

Outcomes

What are the expected outcomes of the project? *

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

Other Sources of Funding

What other sources of funding have you applied for?

Please only include applications that are 'pending'. For confirmed grants, list these in the income table on the next page.

Income and Expenditure

* indicates a required field

Expenditure

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.

Cost Category	Council Contribution	Landowner Contribution	Total funding from other sources	Total Cost
	No more than 50% Must be a number.	Must be a number.	Must be a number.	This number/ amount is calculated.

In Kind Contributions

Estimated applicant/landowner in kind contributions:

Volunteer time (number of hours and equivalent hourly pay rate), use/donation of equipment

Contribution Description	Total amount In kind Contribution Costs (\$)
	Must be a number.

Budget Totals

Total in Kind Contribtution

Total Project Cost

Biodiveristy Fund Application 2024/25

Form Preview

This number/amount is calculated.

This number/amount is calculated.

Total Amount Requested *

The total financial support you are requesting in this application

Percentage of project requested %

This number/amount is calculated.

Documents

Biodiversity Management Plan

If you already have a Farm Biodiversity Plan, or a Farm Environment Plan with a biodiversity component, you can use that. Otherwise, you can provide a simple management plan on the following table, adding rows as needed.

Upload your Biodiversity management plan

Attach a file:

Supporting Documents

You must attach the following supporting documents:

- Recent Bank Statement
- Any Quotes for Services
- Quotes for Purchase of Capital items
- Full Project Budget (Including items not included in Council Request)
- Annual accounts - please supply the most recent (if more than 12 months old also supply a recent financial update)

If applicable to your project also attach:

- Job description (if applying for salary or wages)
- Volunteer description/duties
- Other supporting documents

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

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 communitygrants@ccc.govt.nz

Request Information Upload

Biodiveristy Fund Application 2024/25

Form Preview

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](#) [PDF 30KB].

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

- Collect information about this application and our group from, 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.

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.

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: