

2024/25 Citywide DRF Application Form

Form Preview

Applicant Details

* indicates a required field

Umbrella Organisations

Are you using an umbrella organisation for this funding request? *

Yes No

An Umbrella organisation can be used when a group:

- Is informal but wants to apply for more than \$2,000
- Has no bank account in its own name

A letter of agreement to umbrella an organisation must be uploaded in the upload section.

Name of group applying:

Organisation or Group Name: *

Organisation 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.

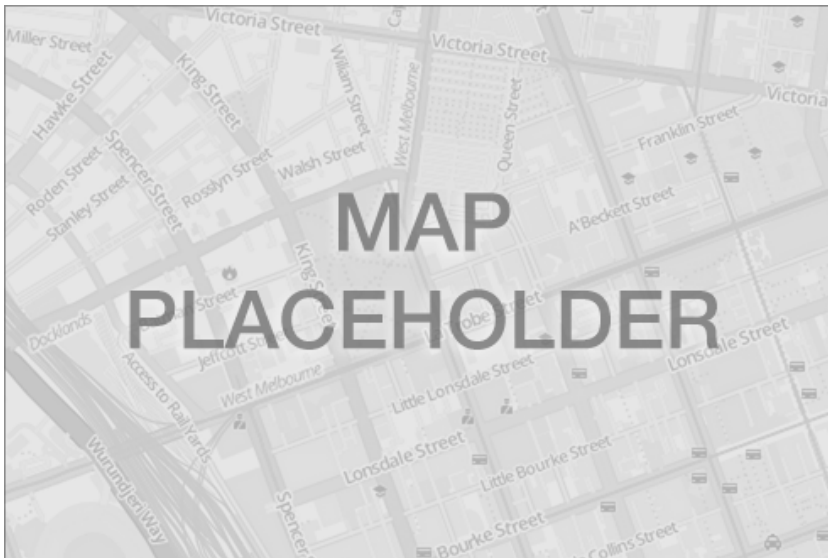
Contact Information

Organisation Physical Address *

Address

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

Organisation Postal Address

Address

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.

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 Charities Register Information

Charity Registration
Number
Organisation Name
Other Names

New Zealand Companies Register Information

NZBN
Entity Name
Registration Date
Entity Status
Entity Type

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| | |
|-----------------|---|
| Status | Registered Address |
| Street Address | Office Address |
| Postal Address | Must be formatted correctly. To find your New Zealand Business Number (NZBN), visit: https://is-register.companiesoffice.govt.nz/ |
| 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>

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 Account Name **must match** the name of the organisation or group applying for funding.

Bank Deposit Slip File Upload

Attach a file:

Project Sectors

Select a project sector for this project? *

Umbrella Organisation Details

Umbrella Organisation Details

Umbrella Organisation

Organisation Name

Umbrella Bank Account

Account Name

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Account Number

Must be a valid New Zealand bank account format.

Bank Deposit Slip

Attach a file:

Umbrella organisation information

Upload any agreement between parties relating to the umbrella arrangement
Attach a file:

Umbrella Office Address
Address

Umbrella Office Email

Must be an email address.

Umbrella Website

Must be a URL.

Umbrella Office Phone Number

Must be a New Zealand phone number.

Umbrella 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.

Umbrella 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 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.

New Zealand Companies Register Information

NZBN

Entity Name

Registration Date

Entity Status

Entity Type

Registered Address

Office Address

Must be formatted correctly.

Funding Request Details

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* indicates a required field

Project Title *

Tell us about the project you are seeking funding for *

Word count:

Must be no more than 300 words.

Provide a short description

Is your project primarily

Community

Arts

Sport and Recreation

Community

Please tick the Strengthening Communities Together Strategy 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.

This strategy can be found on Council's website: <https://ccc.govt.nz/the-council/plans-strategies-policies-and-bylaws/strategies/strengthening-communities-together-strategy/>

Arts

Which arts and creativity strategy pou will your project or organisation deliver to?

- Tuakiri - Contribute to city identity
- Auaha - Enable innovation and creativity to flourish
- Hauora - Contribute to wellbeing outcomes
- Kōkiri- Champion the arts in Ōtautahi Christchurch or Te Pātaka o Rākaihautū

Which arts and creativity strategy priorities will your project or organisation deliver to?

- Ngā toi Māori - Strengthen opportunities for ringatoi Māori and to experience ngā toi Māori
- Create and Encounter - Support or generate opportunities for active participation or experience of arts, creativity and culture
- Resource - Create space, employment and contract opportunities within creative sector
- Inclusion - Connecting communities and enabling participation and leadership in the arts

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This strategy can be found on Council's website: <https://ccc.govt.nz/the-council/plans-strategies-policies-and-bylaws/strategies/arts-and-creativity-strategy/>

Sport and Recreation

Which of the Physical Recreation and Sport Strategy Priority Areas do you think your project fits into?

- 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

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.

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| Cost Description | Expenditure Category | Total Cost (\$) | How much you are requesting from Council |
|------------------|----------------------|-------------------|--|
| | | Must be a number. | Must be a number. |
| | | | |
| | | | |
| | | | |

Income

Please list all income for the project, include grants, ticket income and other income that could fund your project.

| Income Description | Income Category | Total amount for Income Item (\$) |
|--------------------|-----------------|-----------------------------------|
| | | Must be a number. |
| | | |
| | | |
| | | |

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Project Cost

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.

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)

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- 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

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

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