

2024/25 Place Partnership Fund Application Form

Form Preview

Applicant Details

* indicates a required field

Applicant Organisation Name

Organisation Name

Description of organisation

Umbrella Organisations

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

☐ Yes

☐ No

Umbrella organisations can be used when an

An Umbrella organisation can be used when a group:

- Is informal but applies for more than \$2,000 of funding
- Has no bank account in its own name

A letter of agreement to umbrella should be provided.

Physical Address

Address

Phone Number

Must be a New Zealand phone number.

Email

Must be an email address.

Postal Address

Address

Website

Must be a URL.

Bank Details

Bank Account - Funds are to paid into

Account Name

Account Number

Must be a valid New Zealand bank account format.

If using an umbrella organisation bank details must be for that organisation.

2024/25 Place Partnership Fund Application Form

Form Preview

Bank Deposit Slip

Attach a file:

Funding Request Contact

Applicant Project Contact

First Name

Last Name

Application contact details

Contact Postal Address

Address

Phone Number

Must be a New Zealand phone number.

Contact Email

Must be an email address.

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

Telephone

Fax

Email

Website

Date Registered

Must be formatted correctly.

Umbrella Organisation Details

Umbrella Organisation Details

Umbrella Organisation name

Organisation Name

2024/25 Place Partnership Fund Application Form

Form Preview

Umbrella organisation's Address

Address

Umbrella organisation's Phone Number

Must be a New Zealand phone number.

Umbrella organisation's Email

Must be an email address.

Umbrella organisation's website

Must be a URL.

Umbrella organisation's Bank Account

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:

Umbrella Organisation Details

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 Companies Register Information

NZBN

Entity Name

Registration Date

Entity Status

Entity Type

Registered Address

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.

New Zealand Charities Register Information

Charity Registration

Number

Organisation Name

Other Names

Status

2024/25 Place Partnership Fund Application Form

Form Preview

Office Address	Street Address
Must be formatted correctly.	Postal Address
	Telephone
	Fax
	Email
	Website
	Date Registered
	Must be formatted correctly.

Agreement

Letter or agreement between you and umbrella organisation

Attach a file:

Project Details

* indicates a required field

Name of project

Brief project description *

Word count:

Must be no more than 300 words.

Provide a short description (100 words recommended) of your project - what are you out to do?

Who will benefit from this project?

Does your project align with our Strategies?

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.

2024/25 Place Partnership Fund Application Form

Form Preview

☐ Act as a testing ground for creative, experimental and innovative ideas.

Please explain

Start Date

Must be a date.

End Date

Must be a date.

Will your project go ahead without Council funding?

☐ Yes ☐ No

About your Activities

What outcomes/deliverables will be achieved through this project? I.e, how many, how often, number of participants, volunteer hours contributed, etc.

Briefly list (bullet points) the specific activities that will take place and where they will take place (200 words recommended)

How will participants be better off?

For which aspects of this project do you seek Council funding?

Have you obtained any other Council funding? If so, please describe how much and for what activities.

Where are you doing your event/activity?

Tick all Board areas your activities are in:

☐ Te Pataka O Rakaihautu
Banks Peninsula
☐ Waitai Coastal
Burwood
Linwood

☐ Waimaero
Fendalton
Waimairi
Harewood
☐ Waipuna
Halswell
Hornby
Riccarton

☐ Waipapa
Papanui
Innes
Central
☐ Waihoru
Spreydon
Cashmere
Heathcote

About your people

Number of volunteers

Number of paid staff

2024/25 Place Partnership Fund Application Form

Form Preview

Must be a number.

Must be a number.

Budget

* indicates a required field

Budget

Income	Income Category	Total Amount for Income Item

Budget

Expenditure	Expense Category	Total Amount for Item	Upload Quotes	How much to you require from Council
				Must be a dollar amount.

Budget Totals

Income

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Total Project Cost

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

Percentage of project requested %

This number/amount is calculated.
%

Council Request Details

Total Amount Requested *

2024/25 Place Partnership Fund Application Form

Form Preview

This number/amount is calculated.

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

Upload Quotes and other budgetary supporting documents

Upload quotes, job descriptions or other items to support each of you budget requests.

Attach a file:

New Section

Supporting documentation for the budget items requested from Council:

- Quotes - for services, goods and contracts
- Job description - if applying for salary or wages
- Volunteer job description - a list of volunteers duties if you are applying for volunteer costs
- Other supporting documents

Supporting documents

You must attach the following supporting documents:

- Recent bank statement
- 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:

Only attach documents in these formats: Word, PDF, Excel, JPEG

If you have problems uploading documents or your files exceed 38Mb total.

Request Information Upload

Attach a file:

Declaration

* indicates a required field

2024/25 Place Partnership Fund Application Form

Form Preview

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.

*

☐ I/We confirm the above declaration.