Applicant Details			
* indicates a required field			
Applicant Organisation Na Organisation Name	me		
Description of organisatio	n		
Umbrella Organisation	S		
Are you using an umbrella organisation for O Yes O No Umbrella organisations can be us	All Oll	_	ation can be used when a
	• I: \$2	s informal but	applies for more than g count in its own name
	A lette provid		nt to umbrella should be
Physical Address Address	Phone Number	Email	
	Must be a New Zealand number.	phone Must	be an email address.
		Websit	e
Postal Address Address			
		Marah	ha a LIDI
		Must	be a URL.
		Must	be a URL.
Bank Details		Must	be a URL.
	to paid into	Must	be a URL.

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

Must be a valid New Zealand bank account format.

2024/25 Place Partnership Fund Application Form

Form Preview

Attach a file:			
nding Reques	t Contact		
nuing Reques	t Contact		
oplicant Project C rst Name	Contact Last Name		
oplication cont	act details		
ntact Postal Address	Phone Number		Contact Email
	Must be a New number.	Zealand phone	Must be an email address
icant Organisation NZBN		Applicant Organisati	ion NZ Charity Registration Number (
		, pp. can o gamba	(, , , , , , , , , , , , , , , , , , ,
	look up the following information. Click ve entered the NZBN correctly.	following information.	on Number provided will be used to look up Click Lookup above to check that you have
w Zealand Compani	es Register Information	New Zealand O	Charities Register Informatio
ZBN		Charity Registr	_
itity Name		Number	
gistration Date			
tity Status		Organisation N	lame
		Organisation N	lame
ntity Type		Other Names	lame
		Other Names Status	
egistered Address		Other Names Status Street Address	;
egistered Address office Address	ectly.	Other Names Status Street Address Postal Address	;
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egistered Address ffice Address	ectly.	Other Names Status Street Address Postal Address Telephone Fax	;
egistered Address ffice Address	ectly.	Other Names Status Street Address Postal Address Telephone Fax Email	;
egistered Address ffice Address	ectly.	Other Names Status Street Address Postal Address Telephone Fax Email Website	
Entity Type Registered Address Office Address Just be formatted corr	ectly.	Other Names Status Street Address Postal Address Telephone Fax Email	ed

Umbrella Organisation Details

Umbrella Organisaiton Details

Umbrella Organisation name

Organisation Name

Umbrella organsation's Address	
Address	
Umbrella organsation's Phone Number	
Must be a New Zealand phone number.	
Umbrella organsation's Email	
Must be an email address.	
Umbrella organsation's website	
Must be a URL.	
Umbrella organsation's Bank Account Account Name	
Account Number Must be a valid New Zealand bank account format.	
Bank Deposit slip or other official printed and number. Attach a file:	d document showing bank account name
Umbrella Organisation Details	
Umbrella Organisation NZBN	Umbrella Organisation NZ Charity Registration Number (CRN)
The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.	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 Companies Register Information	New Zealand Charities Register Information
NZBN	Charity Registration
Entity Name	Number
Registration Date	Organisation Name
Entity Status	Other Names
Entity Type	Status
Registered Address	

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 un Attach a file:	nbrella organisation
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 recommend	ed) of your project - what are you out to do?
Who will benefit from this project?	
Does your project align with our Strategi	052
boes your project angii with our strategi	cs :
Does your project align with the Place Pa ☐ Strengthen connections between communinclusion, local identity, shared experience and ☐ Build community capacity and active particular of the community capacity and active part	ities and their places and spaces, to foster d stewardship. cipation in civic life. spaces through place-based approaches to on and partnership

\square Act as a testing ground for	r creative, exper	imental and inr	novative ideas.
Please explain			
Start Date		End Date	
Must be a date.		Must be a date.	
Will your project go ahead without Council f □ Yes □ No	funding?		
About your Activities			
What outcomes/deliverable how often, number of part			
Briefly list (bullet points) the spec words recommended)	cific activities that	will take place a	nd where they will take place (20
How will participants be be	etter off?		
For which aspects of this p	project do you s	seek Council 1	funding?
Have you obtained any oth and for what activities.	ner Council fun	ding? If so, pl	ease describe how much
Where are you doing y	our event/act	tivity?	
Tick all Board areas your a ☐ Te Pataka O Rakaihautu Banks Peninsula ☐ Waitai Coastal Burwood Linwood	activities are in □ Waimaero Fo Waimairi Harew □ Waipuna Ha Riccarton	endalton vood	□ Waipapa Papanui InnesCentral□ Waihoro SpreydonCashmere Heathcote
About your people			
Number of volunteers		Number of paid staff	

Must be a number.				Must be a	a numbe	er.	
Budget							
* indicates a requi	ired field						
Budget							
Income		Incon	ne Cate	gory		Total Amo Item	unt for Itcome
Budget							
Expenditure	Expense Category		Total Ai for Item		Uploa	ad Quotes	How much to you require from Council
							Must be a dollar amount.
			1				
Budget Totals							
Income							
Total Income Amount		Total Exp	oenditure Am	ount		Income - Expendi	ture
This number/amoun calculated.	t is	This nu	umber/am ated.	ount is		This number, calculated.	amount is
Total Project Cost				Percentage (of project	requested %	
This number/amoun What is the total but project?			of your	This num	ber/am	ount is calcula	ated.
Council Reque	est Details	5					
Total Amount Re	equested *						

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	r items to support each of you bud	get
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

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 <u>Grant Terms and Conditions</u>[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.