

# 2024/25 Community Services and Programmes Grant Application Form

## Form Preview

### Introduction

#### Community Services and Programmes Grant

Council's Community and Economic Development Team and the Community Development Committee determine community investments under the Community Funding Investment Policy and [Council's strategic framework](#). Funding for Strategic Partnerships, Community Services and Programmes and Community Events are covered by these.

Community Services and Programmes grants are a one off or a multi year grant to organisations who demonstrate a benefit in some way to the New Plymouth community.

Please note that if you are successful with this funding application you will not be eligible to apply for any other grants within the [Community Funding Investment Policy](#).

#### Process

Upon submitting your application the Community and Economic Development Team will review it and if necessary will contact you to seek further information or clarification. The Community and Economic Development Team will check that the application is eligible in accordance with criteria set out in the [policy and guidelines](#).

Your application is then considered by the Community Development Committee where you will be notified of the outcome following the meeting.

#### Further assistance

If you require any further information or assistance with completing your application, please call the Community and Economic Development Team on 06 7596060 or email [grants@npdc.govt.nz](mailto:grants@npdc.govt.nz)

### Organisation Information

\* indicates a required field

#### Organisation Name \*

Organisation Name

Only organisations are eligible to apply for this fund

#### Is your organisation a not-for-profit entity? \*

- ☐ Yes  
☐ No  
☐ Don't know

Organisations whose purpose is NOT to generate income/revenue for one or more people are considered not-for-profit

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### Primary Contact \*

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

### Job Title/Position of Applicant

### Applicant Phone Number \*

### Applicant Primary Email \*

### Applicant 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.

### Applicant Physical Address \*

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

Suburb	Town/ City	Postcode
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be Address Line 1, Suburb/Town, State/Province, and Postcode are required..

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### Applicant Postal Address

Address

  

Suburb      Town/  
City      Postcode

            

If different from above.

### Bank account details

If your application is successful, funds will be deposited to this account.

#### Name of Bank \*

e.g. TSB, Westpac

#### Account Name \*

#### Bank Account Number \*

00-0000-00000000-00 format

#### GST Number

If applicable.

#### Bank account verification \*

Attach a file:

Please make sure this verified bank account number matches your organisations name.

## Service, programme, project information

\* indicates a required field

Council's vision is to be a sustainable lifestyle capital. Our mission is to ensure that Taranaki is a place of opportunity where people want to live, learn, work, play and invest now and into the future with a focus on kaitiakitanga. The four goals of the Sustainable Lifestyle Capital are:

#### Trusted

- Strengthening Te Tiriti Partnerships with hapū and iwi to improve well-being
- Building trust and credibility with community, business, fellow councils and government

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- Demonstrating leadership and striving for operational excellence

### *Thriving Communities and Culture*

- Connected and engaged communities
- Safe and active communities
- An equitable and inclusive approach to delivering for all our people and communities
- Communities that embrace Te Ao Māori

### *Environmental Excellence*

- Restoring our ecosystems
- Mitigation further environmental impacts
- Tackling the challenges of climate change
- Delivering resilient infrastructure efficiently

### *Prosperity*

- Developing and supporting initiatives to achieve a diversified high-performing economy
- An equitable economy where people have access to quality employment and opportunities to build wealth
- Contributing to NZ Inc's environmental sustainability and economic performance

**Please note that you are not expected to contribute to all aspects of the goals, but do clearly articulate the specific areas where you have most impact**

## Funding Proposal

### **Project Title \***

### **Is this service/programme/project a: \***

☐ New initiative

☐ Existing initiative

☐ Other:

### **What kind of costs are you seeking funding for? \***

- ☐ Ongoing operational costs
- ☐ Programme specific costs
- ☐ Both

### **Has this programme/service already received funding this financial year from New Plymouth District Council? \***

- ☐ Yes
- ☐ No

You may only receive funding through this funding scheme once per financial year (financial year is 1 July to 30 June)

### **What area for impact does your organisation/programme align with most? Please choose one. \***

- ☐ Environment
- ☐ Community Services
- ☐ Essential Services

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- ☐ Health
- ☐ Economic
- ☐ Cultural
- ☐ Arts
- ☐ Heritage
- ☐ Welfare
- ☐ Leisure and Social
- ☐ Education
- ☐ Other:

### What demographics will benefit from this funding? \*

- |   |   |
|---|---|
| <input type="checkbox"/> Young children(0-4)        | <input type="checkbox"/> Māori          |
| <input type="checkbox"/> School age children (5-17) | <input type="checkbox"/> Pasifika       |
| <input type="checkbox"/> Young adults (18-24)       | <input type="checkbox"/> Other cultures |
| <input type="checkbox"/> Adults (25-64)             | <input type="checkbox"/> All            |
| <input type="checkbox"/> Seniors (65+)              | <input type="checkbox"/> Other:         |

- ☐ People with disabilities

### Which areas in the New Plymouth District will your programme/service reach? \*

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> All of New Plymouth  | <input type="checkbox"/> Oakura      |
| <input type="checkbox"/> Bell Block           | <input type="checkbox"/> Okato       |
| <input type="checkbox"/> Egmont Village       | <input type="checkbox"/> Tongaporutu |
| <input type="checkbox"/> Inglewood            | <input type="checkbox"/> Urenui      |
| <input type="checkbox"/> Lepperton            | <input type="checkbox"/> Waitara     |
| <input type="checkbox"/> New Plymouth Central | <input type="checkbox"/> Other:      |

### Approximately how many people will benefit from this funding? \*

Must be a number.

### Please give a brief description of what you are seeking funding for \*

Word count:

Must be between 10 and 500 words.

What is it that you want to do?

### What issue or opportunity in the community will this programme/service address? \*

Word count:

Must be between 10 and 500 words.

### How will you deliver this programme/service? \*

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Word count:

Must be between 10 and 500 words.

Who will you work with? How will you engage with your target audience?

**Which organisations/community groups are you collaborating with for this initiative? \***

Letters of support can be uploaded at the end under supporting documents.

**New Plymouth District Council strives to provide equitable services for all of our communities. How will you make sure your programme or service is accessible?**

If something is accessible it is easy to reach, enter, get, understand or be appreciated by anyone in the community. This includes people with physical or cognitive challenges, temporary injuries, seniors, young children and their carers, people with Non-English speaking backgrounds and from a range of cultures

Proposed start date

**Proposed start date of this service/programme/project**

Must be a date.

For ongoing operational costs this is not applicable, but for events or programmes the start date must be after the 23 August 2024

## Outcomes

\* indicates a required field

### Outcomes

Develop outcomes that will measure and demonstrate the success of your service/programme/project.

Please include for each outcome:

- 1.What the desired outcome is
- 2.The effort/activity you have to do to achieve the outcome
- 3.What measures/target you are aiming to achieve

You must have at least one outcome but can have up to three. You may be asked to have more than one outcome depending on the size of your grant.

**Outcome one \***

What specifically do you want to achieve?

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### Effort/activity to achieve outcome one \*

What activities will you undertake to achieve the outcome?

### Measures/target for outcome one \*

how will you measure your outcomes to know what impact you've made?

### Outcome Two

What specifically do you want to achieve?

### Effort/activity to achieve outcome two

What activities will you undertake to achieve the outcome?

### Measures/target for outcome two

how will you measure your outcomes to know what impact you've made?

### Outcome Three

What specifically do you want to achieve?

### Effort/activity to achieve outcome three

What activities will you undertake to achieve the outcome?

### Measures/target for outcome three

how will you measure your outcomes to know what impact you've made?

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### Budget and Financials

\* indicates a required field

#### Budget

Please enter in your income you expect to receive for this programme or service per annum. Do not include unconfirmed grants from funders (including what you are seeking from us).

Then enter in your expenses for the programme/service.

Income	\$	Expenditure	\$
e.g. ticket sales or confirmed grants or donations		e.g. venue hire or costs relevant to the programme/project	
E.g. - ticket sales	\$	e.g. venue hire	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

#### Budget Totals

Are you seeking funding from any other sources? \*

☐ Yes

☐ No

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.  
This is the shortfall of funding

Total cost to deliver service/programme/project

**TOTAL COST**

\$

This number/amount is calculated.

#### Funding from other sources

Please enter any funds you have confirmed.

**Do not include what you are requesting from NPDC.**

Funds being sought from	Amount sought
	Must be a dollar amount.
	\$
	\$
	\$

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### Unconfirmed Income from other funders

Please enter any funds you are awaiting to be confirmed.

**Do not include what you are requesting from NPDC.**

Funds being sought from	Amount sought
	\$
	\$
	\$

### Total Confirmed/Unconfirmed Income

#### Total Proposed Income Amount

\$

This number/amount is calculated.

### Request for Funding

#### Are you requesting \*

- ☐ Multi-year Funding
- ☐ One off payment

#### How much are you requesting from NPDC? \*

\$

Must be a dollar amount.

The amount you request must be equal to, or less than the "income - expenditure" amount above

#### Amount Requested Year 1

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the first year?

#### Amount Requested Year 2

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the second year?

#### Amount Requested Year 3

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the third year?

#### Total Project Cost

\$

This number/amount is calculated.

What is the total budgeted cost (dollars) of your project?

**If you receive less than what you are asking for, would your programme/service be able to go ahead? Please explain**

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Word count:

Must be no more than 300 words.

## Supporting Documents

**Please attach your latest financial statement/report and business or strategic plan if you have one.**

Attach a file:

## Additional Information

\* indicates a required field

### Health and Safety at Work Act 2015

Whether you have a paid staff or volunteers involved with your organisation, you have a responsibility to provide a safe and healthy workplace.

For more information on the [Health and Safety at Work Act please click here.](#)

**Please select from one of the following: \***

- ☐ Our organisation operates only with volunteers
- ☐ Our organisation operates with paid staff only
- ☐ Our organisation operates with paid staff and volunteers

**Please provide information on how your organisation meets it's responsibilities under the Health and Safety at Work Act:**

You may wish to mention any policies and procedures that you follow.

### Vulnerable Children's Act 2014

**Keeping children safe is everyone's responsibility and organisations and professionals who work with children are required to ensure that their policies and procedures reflect this.**

For more information on the [Vulnerable Children Act 2014 please click here.](#)

**Does your organisation/staff work with children? \***

- ☐ Yes
- ☐ No

## Regulated services

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**If you answered yes, does your organisation work with children in any of the following listed regulated services? Please select from the following:**

- ☐ Welfare, support and justice services
- ☐ Health services
- ☐ Education services
- ☐ Transport services
- ☐ Policing services
- ☐ Local authority services
- ☐ None of the above, worker vetting not required

Detailed information on regulated services can be found in Schedule 1 of the Act.

## Frequency of contact

**If you selected any of the above regulated services, does the contact with the child(ren) involve any of the following:**

- ☐ Overnight contact
- ☐ Contact once a week
- ☐ Contact 4 days a month
- ☐ None of the above, vetting not required

## Nature of contact

**Is the contact merely incidental contact?**

- ☐ Yes
- ☐ No, vetting not required

## Supervised contact

**Does the contact take place without a parent or caregiver present?**

- ☐ Yes
- ☐ No, vetting not required

## Vetting

**Are your staff members vetted?**

- ☐ Yes
- ☐ No

**If your application is successful, there may be a requirement for you to work with the NPDC marketing team to produce a news story. \***

- ☐ Okay

## Declaration

### Deputation

All applicants have the right to speak to the Community Development Committee about their application if they wish.

Although not mandatory giving a deputation is encouraged. It is an opportunity to **highlight any new information** that may not have been included in your application at the time of submitting, or to be present to allow the committee members to ask questions about your application if they have any.

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You will have 5 minutes to give deputation.

**I would like to give a deputation at the Community Development Committee meeting**

☐ Yes

☐ No

### News Story

**If your application is successful, there may be a requirement for you to work with the NPDC marketing team to produce a news story.**

### I DECLARE

☐ that to the best of my knowledge and belief the information provided in this application form and in any supporting documentation is true and correct

### Full Name

### Date

Must be a date.