

Eligibility and Guidelines

* indicates a required field

This section of the application form is designed to help you, and us, understand if you are eligible for this grant.

Before completing this application form, please read the following information.

GUIDELINES:

- [Match Fund Guidelines](#)
- [Tauranga City Council SmartyGrants Privacy Statement](#).
- [Funding Policy](#)

The Community Development Match Fund is open to applications from community organisations, not-for-profit groups, communities of interest, iwi, hapū or kaupapa Māori organisations, informal and grassroots neighbourhood groups. Groups with no formal legal structure and individuals may also apply provided that the project, activity and/or service they are seeking funding for has some community benefit.

If you have any questions please contact grants.enquiries@tauranga.govt.nz

ELIGIBILITY:

The organisation/applicant:

- has read and understand the guidelines
- is able to demonstrate alignment between the project and the aims of this fund
- will deliver the project in Tauranga City
- does not have any overdue financial reporting or unspent funding owed to Tauranga City Council as a result of previous funding
- The project is not one of the activities listed in Section 6 of the Match Fund Guidelines

General exclusions from community funding listed under 5.5 of the Funding policy apply to the Community Development Match Fund.

I confirm the organisation meets the eligibility criteria *

Yes No

Privacy Notice

We will respect and uphold your rights to privacy protection under the information privacy principles in the New Zealand Privacy Act 2020. To view our specific privacy statement that is applicable to your application and this online grant administration service, go to our [Tauranga City Council Smarty Grants privacy statement](#)

Privacy Statement

Tauranga City Council (Council) is collecting information from you as part of this application, some of this information may be personal information. This includes your name, contact details, role, organisation info, bank account details and may include application responses or supporting information (including reporting). Your information and any supporting

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documents may be used to assess and process this application, verify information you have provided, administer and manage this grant, contact or notify you about any matter relevant to the grant and/or application (including monitoring and compliance of the grant funding terms and conditions), and to update you from time to time about our grant programmes.

This application contains some fields that are mandatory, if you do not provide us with this information, we will be unable to process your application. We will not share your personal information with any other organisation or individual unless they are our contractor or other relevant third party and disclosure is necessary for the specified purposes above. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you would like a copy of your information, or to have it corrected, please contact us at info@tauranga.govt.nz, or 07 577 7000. For further information about how Council will handle your personal information, please refer to [Tauranga City Council's Online Grant Privacy Statement](#).

I confirm I have read and understand the above Privacy Statement; and any personal information I include about any other person(s) in this application has been provided with their permission and can be used for the purposes identified above. *

Yes

No

Applicant details

* indicates a required field

Applicant *

Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant Position *

Applicant Primary Address *

Address

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

Applicant Primary Phone Number *

Must be a New Zealand phone number.

Applicant Primary Email *

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Must be an email address.

Applicant Primary Bank Account *

Account Name

Account Number

Must be a valid New Zealand bank account format.

Bank deposit Slip *

Attach a file:

Project Details

* indicates a required field

Project Title *

Project Location *

Please provide the location of where the bulk of activity within this project will take place.

Start Date *

Must be a date.

End Date *

Must be a date.

Funding Amount Requested *

Must be a dollar amount.

This value must not exceed \$5,000.00. What is the total financial support you are requesting in this application?

Project description *

Please provide detail around what you will be purchasing/spending the money applied for towards?

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What benefits will this project provide the community? *

What is the issue or need this project is addressing?

What outcomes do you want to achieve from this project? *

e.g Number of workshops delivered, number of performances, organisational growth, community reach etc.

Select the Community Outcome that aligns with this objective *

- Tauranga Matarauui - An inclusive city
- Tauranga Taurikura - A city that values, protects and enhances our environment
- Tauranga Tātai Whenua - A well planned city that is easy to move around
- Tauranga a te kura - A city that supports business and education
- Tauranga - A vibrant city that embraces events

How many people will benefit from this project. *

Must be a number.

Budget - Project Expenses

List all expenses that the requested funding will contribute to and/or pay for.

Your Project Expenses must equal the amount that you are applying for in this application

Example:

You are requesting \$5000.

Your Project Expenses: Equipment/Resources \$2000, Stationery \$500, Vehicle Expenses \$700, Marketing/Promotional Material \$600, Catering \$200, Speaker \$1000.

Your expenses total \$5000.

Description	Expense Amount
	Must be a dollar amount.

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Budget - Organisation's Match

The total amount listed here must match the amount that you are applying for in this application.

Example:

You are requesting \$5000.

Your Organisation Match: Donation \$1000, Volunteer time \$3500, Fundraising \$500.

This totals to \$5000.

Expenses	Further description (optional)	Organisation's Match Amount
List all forms of funding that your organisation is contributing to this project:		
Donations		\$
Volunteer time (\$26 p/h numbers of volunteers)		\$
Fundraising		\$
Tickets		\$
Other		\$

Budget Totals

Total Project Expenses

\$

This number/amount is calculated.

Organisation's Match Amount

\$

This number/amount is calculated.

Total Project Costs

\$

This number/amount is calculated.

Previous Support

* indicates a required field

Have you or your organisation received funding from council in the last three years? *

Yes

No

If yes, please list the projects that have been funded.

Project Title	Funding Amount
	\$
	\$
	\$

Declaration

* indicates a required field

Children's Act 2014

You acknowledge and agree that, depending on the nature of Your Project, you may be considered to be a specified organisation pursuant to s24(1)(c)(ii) of the Children's Act 2014 ("CA"). You warrant that, in relation to the Project, You will comply with Your obligations under the CA (if any), including the obligation to undertake safety checks on persons employed or engaged as a children's worker. You shall provide TCC with information (upon request) demonstrating the processes You have in place to ensure compliance with the CA and Your compliance with those processes.

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Please see the [Vulnerable Children's Act 2014](#) for more information.

If your application is successful and it involves working with children, we may request evidence of Police vetting of staff. *

- I agree to provide evidence in accordance with the Children's Act 2014
- I do not agree

Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant organisation. Statements made within this application are true and correct.

I certify that to the best of my knowledge that the statements made within this application are true and correct.

I have authority to apply on behalf of the organisation *

- Yes No

I certify that to the best of my knowledge that the statements made within this application are true and correct *

- Yes No

Contact Name: *

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

Contact Phone Number *

Must be a New Zealand phone number.

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Contact Email *

Must be an email address.

Date of declaration *

Must be a date.