

Community Development Match Fund Application Form

Form Preview

Eligibility

* indicates a required field

Applicants: please note

* Indicates a required field

Before completing this application form, you should read the [Match Fund Guidelines](#) and the [Tauranga City Council SmartyGrants Privacy Statement](#).

Incomplete applications will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure your application can be considered for funding.

If you have any questions please contact [Grant Enquiries](#)

Confirmation of Eligibility

I confirm that ...

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

Please select below: *

Yes No

You must confirm that all statement above are true and correct

Contact Details

* indicates a required field

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](#)

Applicant *

Individual Organisation

Organisation Name

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

Applicant Primary Address

Address

Applicant Primary Phone Number

Must be a New Zealand phone number.

Applicant Primary Email

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:

Please upload an image of your bank deposit slip

Previous Support

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

Yes No

If yes, please describe the previous support:

E.g. Event funding, community grant funding from Tauranga City Council.

Type of previous support

Value of support

Type of previous support	Value of support
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

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Project Details

* indicates a required field

Project Title *

Short Project Description - *

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

Can you please specify what the funds requested will be contributing to?

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

Start Date

Must be a date.

End Date

Must be a date.

Total 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?

Budget

What will the funding requested be going towards?

\$

Organisations Match: List all forms of funding that your organisation is contributing to this project:

\$

Outline the budget of this project (specific to the money your requesting, e.g. resources, stationery).		The total of this list must at least match the amount requested. E.g. Volunteer time (\$26 p/h x number of volunteers), donations, other funding.	
	\$		\$
	\$		\$

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	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Budget Totals

Amount Requested

\$

This number/amount is calculated.

Organisations Match

\$

This number/amount is calculated.

Total Project Costs

\$

This number/amount is calculated.

Location of the project: *

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

What community need will this project address? *

What is the issue or need this project is addressing?

Please describe the number of people who will directly benefit from this project and how will they benefit: *

Please provide the quantity of people who this project aims to reach.

Which age group will primarily benefit from this project? *

- 0-12
- 13-24
- 25-64
- 65 and over

Which ethnic group will primarily benefit from this project? *

- African
- Asian
- Latin American
- Maori
- Middle Eastern
- Pakeha/NZ European
- Pacifica
- Other:

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Please describe any project risks and how you plan to reduce or eliminate these risks. If the project involves children, please explain how you will meet the Children's Act 2014 requirements. *

This will provide TCC with some security that if there were to be some delays or an unexpected weather event that this financial investment would have a backup plan.

Declaration

* indicates a required field

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

I agree *

Yes

No

Contact Name:

Title

First Name

Last Name

Contact Phone Number

Must be a New Zealand phone number.

Contact Email

Must be an email address.

Date of declaration

Must be a date.