

Community Development Match Fund Application Form

Form Preview

Eligibility

* indicates a required field

Applicants: please note

* Indicates a required field

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 grass roots 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.

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

Please complete all sections on the application form.

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 the 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 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.

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](#)

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Applicant *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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

Address

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

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

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

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

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.