

Application form (CAG1)

Form Preview

Your details

* indicates a required field

You are applying for the Community Associations Grant for 2024 at Whangarei District Council.

Please tell us about you and your organisation.

Your contact details

Details of the person completing this application.

Your name *

Title First Name Last Name

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This is the person we will correspond with about this grant.

What position do you hold in the organisation? *

--

e.g., Chairperson, Officer, external fundraiser.

Your phone number *

--

Your email address *

--

This is the address we will use to ask about this application.

Organisation details

Organisation name *

Organisation Name

--

Make sure you provide the same name that is listed in official documentation.

Organisation's address *

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Include street (or PO Box), suburb, city, postcode

Organisation's phone number

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Use the organisation's main contact phone number.

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Organisation's email address

Use the primary or official email address for the organisation.

Organisation website (if any)

Must be a valid website or Facebook URL.

Organisation type

Select those that apply *

- ☐ Incorporated Society
- ☐ Charitable Trust
- ☐ Maori Trust
- ☐ Other:

At least 1 choice must be selected.

NZBN look up

Please enter your organisation's NZBN number (the 13 digit number listed on your charities or incorporated societies register) and click on Lookup.

If you do not have this number, please provide a certificate of incorporation or similar with your supporting documents.

NZBN

The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.

New Zealand Companies Register Information
NZBN
Entity Name
Registration Date
Entity Status
Entity Type
Registered Address
Office Address

Must be formatted correctly.

Kaupapa/purpose

* indicates a required field

Pitch

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Briefly tell us about your organisation's purpose and in what ways you advocate for and support your community? *

Briefly describe your community. Tell us about the people you serve, including approximately how many you represent, and how many are active members. *

Which District Council ward will benefit most from your project? *

Supporting documents

* indicates a required field

Upload the documents required to complete your application:

- Trust deed or constitution
- Latest AGM minutes and chairperson's report
- Latest financial performance report (e.g. Profit and Loss and Balance Sheet)
- Proof of bank account (must show organisation's name and account number).

To help us in reviewing your application, please try to have your files "print-ready":

- images and scans are around the right way
- spreadsheets are formatted to fit on the page
- files have been compressed/reduced to be under 5MB.

Upload files *

Attach a file:

Declarations

* indicates a required field

Please select all that apply

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- ☐ Our organisation operates in accordance with our constitution and has held an AGM with open elections in the last year.
- ☐ Our organisation will remain active in supporting our community as best we can with the resources we have.
- ☐ Our organisation will continue to work with Whangarei District Council and other agencies to address our community's concerns.

I declare that I have authority to make this application on behalf of our organisation and that the information supplied here is true and correct. *

☐ Yes

Feedback

Feedback

Before you review and submit your application please take a moment to provide some feedback.

Please indicate how you found the online application process:

☐ Easy

☐ Neutral

☐ Difficult

Comments and suggestions