

Community Grants Application 2025

Form Preview

Community Grants Application Form

* indicates a required field

Organisation and Contact Details

Please visit <https://www.kapiticoast.govt.nz/community-grants> to make sure you meet the eligibility criteria *before starting this application. All questions must be completed.*

Name of organisation *

Organisation Name

Postal address *

Address

Primary contact person *

First Name

Last Name

Daytime contact number *

Email *

Secondary contact person *

First Name

Last Name

Daytime contact number *

Email *

Must be an email address.

GST number (if applicable)

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Briefly describe the type(s) of social services your organisation provides to the community. *

Must be no more than 300 words.

Number of Kapiti residents in the past year that have accessed your organisations services/programmes; *

fewer than 10, between 10 and 50, between 50 and 100, more than 100

Over the past year have the people that access your programme/service; *

Increased, Decreased, No change

Which area(s) do you service? *

☐ Paekākāriki ☐ Raumati ☐ Paraparaumu ☐ Waikanae ☐ Ōtaki

Age range(s) of people who use your service/programme; *

☐ Preschool 0-5 ☐ School age 5-12 ☐ Youth/young adults 13-24 ☐ Adults 25-64 ☐ Seniors 65+

Ethnicities of people that use your service/programme; *

☐ Asian ☐ Māori ☐ Middle Eastern/Latin American/African ☐ NZ European/Pākehā ☐ Pacific Peoples

Other

☐ Unknown

Project/Activity details

* indicates a required field

Activity/Project details and benefits

Total amount requested *

Must be a dollar amount and no more than 2000.

Project/Activity Title *

Word count:

Must be no more than 15 words.

Please give you application a meaningful name e.g. Volunteer Training, Tree Planting Project, Administration Costs Assistance

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Briefly describe the activity or project for which this application is being made. *

Word count:

Must be no more than 200 words.

Provide a short description of your project - what are you out to do?

Is this a new or ongoing activity/project? *

New or ongoing?

Briefly describe the benefit of this activity/project to the community. *

Word count:

Must be no more than 200 words.

Have you considered how you might reduce carbon emissions associated with this activity/project?

- ☐ Yes
☐ No

Climate Change

Please describe the actions you have identified that will help reduce carbon emissions? *

Climate Change

Would you like someone from our Climate Change team to contact you to discuss any practical steps your activity/project may be able to implement? *

- ☐ Yes
☐ No

Financial information

*** indicates a required field**

Financial details

- If you are GST registered, please do not include GST in these costs.
- Round all figures to the nearest dollar.

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- Attach quotes and any further supporting documentation.
- Your organisation must make a financial contribution towards the project.

Budget

Income	\$	Project Costs	\$
How will your group contribute financially to the project e.g current contracts, grants (successful or proposed), sponsorship, fundraising, cash savings, other?		List all the project costs and make sure these costs are allowable under the criteria - https://www.kapiticoast.govt.nz/community-grants/	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Budget totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Project Costs - Income

\$

This number/amount is calculated.
This is the amount you need in order for your project to go ahead.

Supporting information

Please attach a current statement of income and expenditure for your organisation. *

Attach a file:

Please attach any relevant quotes and other supporting information.

Attach a file:

What will you do if you cannot raise all the money required? *

Other funders

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Have you applied to for any other funding for this project activity? *

If Yes, please provide details below. Include any other KCDC funds.

Other funders

Organisation and Fund	Date applied	\$ Amount	Outcome
Please include the organisation name and the fund name.	Must be a date.		
		\$	
		\$	
		\$	
		\$	
		\$	

Previous funders

Have you received funds from any organisation, including KCDC, in the last 2 years? *

If Yes, please provide details below

Organisation and Fund	\$ Amount received	Project	Date received
	Must be a dollar amount.		Must be a date.
	\$		
	\$		
	\$		
	\$		
	\$		

Declaration

* indicates a required field

Declaration *

- ☐ We hereby declare that the information supplied here on behalf of our organisation is correct.
- ☐ We consent to Kāpiti Coast District Council collecting and retaining the personal contact details provided in this application and using these details for the purpose of assessment of this scheme.
- ☐ If the application is successful, we agree to use the monies for the purpose for which they are granted and account for them, or in the event that is not possible, such monies will be refunded to Council.

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☐ We have obtained the consent of the other contact person to provide these details. This consent is given in accordance with the Privacy Act 1993.