Eligibility Quiz

* indicates a required field

Applicants: Please Note

Before completing this application form, please refer to our Funding Policy to consider whether you meet the criteria.

By submitting this application, you are agreeing to the Terms and Conditions of a grant from SkyCity Auckland Community Trust. Please ensure you have read the Terms and Conditions carefully.

He Hua is **open for the financial year (1 July to 30 May)**, with applications being considered at the end of each month.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. Please complete these questions before any others to ensure you do not waste your time applying.

If you do not meet the eligibility criteria or have any questions in regard to this funding stream, please contact **community@skycity.co.nz**

Privacy Notice

Any personal information collected by us in connection in relation to your application will be dealt with in accordance with the Privacy Act 2020 and with our Privacy Policy.

Confirmation of Eligibility

I confirm that the applicant ...

- Has read and understands the Fund's guidelines and Terms and Conditions
- Is able to demonstrate alignment between their project and the aims of this Fund.
- If not a registered Charity, can provide a letter of support and annual financial statements (less than 12 months old) from an organisation that is registered with Charities Services
- If a registered Charity, can provide a copy of their most recent (less than 18 months old) Annual Financial Statements: Statement of Financial Performance & Statement of Financial Position.
- Is located in and operates in **the greater Auckland area and/or Northland.**
- Does not owe any reports or money to **SkyCity Auckland Community Trust** as a result of previous funding or grants.

Please select below: *

○ Yes ○ No

You must confirm that all statements above are true and correct.

He Hua Criteria

He Hua is for one-off grants for organisations to give something a go, something new. You may be new or an existing partner of SkyCity Auckland Community Trust.

Can you confirm that your project is a new initiative for your organisation? *
○ Yes
○ No

Exclusions

Please check our **Exclusions List** below to see if your grant request is included on the list of things we don't fund.

EXCLUSIONS:

- Building projects or equipment;
- Business or investment capital;
- Mainstream health related services or supports;
- Costs related to fundraising activities and organisations;
- Individuals
- Loan and endowment funds;
- Loan funding to retire debt;
- Sport and recreational activities;
- Pre-school, primary, intermediate, secondary and tertiary providers;
- Overseas travel for individuals or groups;
- Projects where the benefits are outside of the region of SkyCity Auckland Community Trust – the Far North through to the Bombay Hills;
- Retrospective activities;
- Scholarships or sponsorships

Is your project type listed in the Exclusions List? *
☐ Yes ☐ No
At least 1 choice must be selected.

Our Strategy

The Trust prioritises Mana Motuhake and funding will be prioritised for Rangatahi led projects for the benefit of themselves, their whānau, and hapori, delivering one or more of the following outcomes:

- Strengthening cultural diversity, social connection, a greater sense of belonging and inclusion.
- Building knowledge and skills.
- Influencing behaviours and attitudes.

We define Rangatahi as those who are no longer in education through to the age of 34.

Can your application demonstrate alignment to our strategy? *
○ Yes ○ No

Area of Benefit

Is the work of your organisation located within the Auckland and/or Northland regions? *

○ Yes ○ No

Documentation / Information

Will you be able to complete the application form and supply all the necessary attachments? *

☐ Detailed project/services budget.

☐ Proof of charitable status. If you are not a registered charity, provide a support letter from a registered charity that is aware of your project that funding is being sought for.

☐ Annual Financial Statements - Statement of Financial Performance & Statement of Financial Position (less than 18 months old). If you're not a register charity, provide an annual financial statement from your umbrella organisation (must be a registered charity).

At least 3 choices must be selected.

Organisation and Contact Details

* indicates a required field

Applicant Organisation Contact

Applicant organisation name *

Organisation Name

Please use your organisation's full legal name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with Charities Services, Companies Office, Inland Revenue, etc.

Applicant Primary Address

Address

Applicant Postal Address

Address

Applicant website

Must be a URL

Primary contact person *
Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Back-up phone number

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Secondary Contact Person *
Title First Name Last Name

Secondary Contact Phone Number

Secondary Contact Email *

Must be an email address.

Request for Funding Details

* indicates a required field

Project details

Total Amount Requested *

$

Must be a dollar amount and no more than 10000.
What is the total financial support you are requesting in this application?

Project Title *

Must be no more than 10 words.

Please provide a summary of your project. *

Word count:
Must be no more than 100 words.

What will your funding be used for? *

Must be no more than 50 words.

Approximately how many people will benefit from your project?

Must be a number.

Geographic Area

Which region will benefit most from this grant?

- ○ Northland
- ○ Auckland

Northland Regional Summary

Please select the area(s) that apply:

- ○ Far North
- ○ Whangārei
- ○ Kaipara

Auckland Regional Summary

Please select the area(s) that apply:

- ○ South Auckland
- ○ North Shore / Rodney
- ○ East Auckland
- ○ West Auckland
- ○ Auckland Central

Age Group

Which age groups will benefit from your given project?

- ○ 0-14
- ○ 15-29
- ○ 30-44
- ○ 45+
- ○ 0-14

○ 15-29

○ 30-44

○ 45+

○ 0-14

○ 15-29

○ 30-44

○ 45+

Priorities

Please provide a short summary of how your request aligns with our priorities of Rangatahi leading this kaupapa *

Word count:
Must be no more than 100 words.
Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. youth), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

Outcomes

Which of our outcomes does your request best align with? *
☐ Strengthening cultural diversity, social connection, a greater sense of belonging and inclusion
☐ Building knowledge and skills
☐ Influencing behaviours and attitudes

Please provide a short summary of how your request aligns with the outcome(s) you have selected above.

Word count:
Must be no more than 100 words. If your request does not support the delivery of one of these outcomes your request will not proceed.

Investment Area

Does your kaupapa align to these areas?
☐ Kaupapa Māori
☐ Kaupapa Pasifika
☐ Rainbow
☐ Disability
☐ Refugee and Migrant
☐ Te Taiao/Environment
☐ Creative Arts
☐ Other:

Supporting Documents

Budget Document - specific to the project being applied for and please include funds received from others for this kaupapa *
Attach a file:

A minimum of 1 file and a maximum of 5 files may be attached.
A maximum of 5 files can be attached

Annual Financial Statements - Statement of Financial Performance Statement of Financial Position - must be less than 18 months old *
Attach a file:

If your organisation is not a registered charity, annual financial statements must be provided by your umbrella organisation who must be a registered charity

Letter of Support - upload at least one letter of support for your project (less than 12 months old) - the letter must be endorsing the specific project/programme being applied for. *
Attach a file:

A minimum of 1 file must be attached.
If your organisation is not a registered charity, letter of support must be provided by your umbrella organisation who must be a registered charity

Other Supporting Documentation
Attach a file:

If you have supporting documents that you would like to upload to support your application, please add them in this section, e.g. images, quotes etc. If you would like to submit a video with you application, email it to us at community@skycity.co.nz with your application ID.

Bank Account *
Account Name

Account Number

Must be a valid New Zealand bank account format.

Please upload a scanned copy of a bank statement or bank deposit slip that matches both your organisation name and account number entered above *
Attach a file:

A minimum of 1 file must be attached.

Other Funding Opportunities

Have you received, or are currently in the process of receiving a grant from any other funding entity for this project? *

○ Yes
○ No

The answer to this question will not affect your application. This information gives the SkyCity Auckland Community Trust indications on future collaboration and partnership opportunities.

Please indicate which funding entity this grant was applied through/received from. How much was the grant?

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the SkyCity Auckland Community Trust Terms and Conditions outlined in the letter of approval.

I agree * ○ Yes ○ No

Name of authorised person * Title | First Name | Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date