

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.

Applications will be reviewed on a monthly basis after submission.

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**

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 from an organisation that is registered with Charities Services that is aware of the project that this funding is being sought for.
- 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. If not a registered Charity, the umbrella organisation (registered Charity) can provide the above Financial Statements to support this funding request.
- Is located in (and/or supplies services to) **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.

⚠ You have indicated that you may not be eligible. Unfortunately, this means that you cannot continue with this application any further.

If you have any queries regarding this, please contact the SkyCity Community Trust team at community@skycity.co.nz or refer to our [Funding Policy](#).

He Hua Criteria

He Hua Form FY25

Form Preview

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

⚠ You have indicated that you may not be eligible. Unfortunately, this means that you cannot continue with this application any further.

If you have any queries regarding this, please contact the SkyCity Community Trust team at community@skycity.co.nz or refer to our [Funding Policy](#).

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;
- Business or investment capital;
- Core health related services;
- Costs related to fundraising activities and organisations;
- Individuals Loan and endowment funds;
- Loan funding to retire debt;
- Mainstream sport and recreational activities;
- Mainstream education providers that deliver core education - 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.

⚠ You have indicated that you may not be eligible. Unfortunately, this means that you cannot continue with this application any further.

If you have any queries regarding this, please contact the SkyCity Community Trust team at community@skycity.co.nz or refer to our [Funding Policy](#).

Our Strategy

He Hua Form FY25

Form Preview

The Trust's strategy is to support Rangatahi by enabling **Mana Motuhake** (self-determination) in initiatives that have one or more of the following:

- Rangatahi at the centre
- Rangatahi leading their own solutions and influence decision making
- Rangatahi led initiatives which benefit them directly, their wider whanau and/or community

And have 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.

Rangatahi has been defined, for the purposes of the SkyCity Auckland Community Trust funding strategy, as those that are no longer in school through to the age of 34.

Can your application demonstrate alignment to our strategy? *

☐ Yes ☐ No

⚠ You have indicated that you may not be eligible. Unfortunately, this means that you cannot continue with this application any further.

If you have any queries regarding this, please contact the SkyCity Community Trust team at community@skycity.co.nz or refer to our [Funding Policy](#).

Area of Benefit

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

☐ Yes ☐ No

⚠ You have indicated that you may not be eligible. Unfortunately, this means that you cannot continue with this application any further.

If you have any queries regarding this, please contact the SkyCity Community Trust team at community@skycity.co.nz or refer to our [Funding Policy](#).

Documentation / Information

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

<input type="checkbox"/> Detailed project/services budget	<input type="checkbox"/> Proof of charitable status, if not, a letter of support from an Organisation registered	<input type="checkbox"/> Annual Financial Statements - Statement of Financial Performance &
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with Charities Services that
is aware of your project that
funding is being sought for

Statement of Financial Position
(less than 18 months old)
If your organisation is not a
registered charity, annual
financial statements must be
provided by your umbrella
organisation who must be a
registered charity

At least 3 choices must be selected.

Organisation and Contact Details

* indicates a required field

How would you describe your organisation? *

- ☐ Not a charitable organisation
- ☐ Community group
- ☐ General not-for-profit (i.e. none of the sub-types listed)
- ☐ Healthcare not-for-profit
- ☐ Religious or faith-based institution
- ☐ Marae
- ☐ Philanthropic organisation
- ☐ Peak body
- ☐ Social enterprise
- ☐ International NGO
- ☐ Professional association
- ☐ Political party / lobby group
- ☐ Research body
- ☐ Organisation established through specific legislation
- ☐ Māori corporation, association or cooperative
- ☐ Other

Please choose the option that best applies to your organisation.

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.

Department/ Branch/ Faculty

Use this field only if relevant

Applicant Primary Address

Address

He Hua Form FY25

Form Preview

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

He Hua Form FY25

Form Preview

* 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+

Priorities

Which of our priorities does your request best align with? *

- ☐ Rangatahi at the centre
☐ Rangatahi leading their own solutions and influence decision making
☐ Rangatahi led initiatives which benefit them directly, their wider whānau and/or community

You may select more than one if the priority is relevant.

Please provide a short summary of how your request aligns with the priority(ies) you have selected above. *

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

What investment area does your project align with?

- | | | |
|---|--|--|
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Driver Licensing | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Employment Ready | <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Disability Support | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Refugee Support | <input type="checkbox"/> Mental Health & Counselling Support | |

Supporting Documents

He Hua Form FY25

Form Preview

Budget Document *

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 - must be less than 12 months old *

Attach a file:

A minimum of 1 file must be attached.
Must be less than twelve months old.

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, videos, etc.

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