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) **Waikato District Council, Waipa District Council, Otorohanga District Council and Hamilton City Council.**
- Does not owe any reports or money to **SkyCity Hamilton 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.

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
- Mainstream health related services
- 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
- Projects where the benefits are outside of the region of SkyCity Hamilton Community Trust
- Retrospective activities
- Scholarships or sponsorships.

Is your project type listed in the Exclusions List *   ○ 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.

Our Funding Focus

The vision for SkyCity Hamilton Community Trust is: "Thriving whaanau and communities"

We want our grant to support services and programmes that focus on community wellbeing (inclusive of Rangatahi). We specifically support projects and services that focus on locally determined solutions with outcomes and impact that enables:

- **Community Connection**, e.g. programmes and support delivered in community spaces
- **Community Resilience**, including programmes that focus on well-being including mentoring and advocacy
- **Kai Solutions**, e.g. Maara Kai, cooking classes, food regeneration

Does your project align with our funding focus? *
○ Yes   ○ No

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

SHCT Seed Application FY25
Form Preview

If you have any queries regarding this please contact the SkyCity Community Trust team at community@skycity.co.nz.

Area of Benefit

Is the work of your organisation located within the Waikato District Council, Waipa District Council, Otorohanga District Council or Hamilton City Council? *

○ 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.

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 not, a letter of support from an Organisation registered with Charities Services 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 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

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be New Zealand

Applicant Postal Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be New Zealand

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

SHCT Seed Application FY25
Form Preview

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.
Provide a name for your project/program/initiative. Your title should be short but descriptive

Please provide a summary of your project. *

Must be no more than 100 words.
Provide a short description (100 words recommended) of your project - what are you out to do?

What will your funding be used for? *

Must be no more than 50 words.

Geographic Area

Which region will benefit most from this grant?

○ Waikato District Council   ○ Waipa District Council   ○ Otorohanga District Council   ○ Hamilton City Council

Age Group

Which age groups will benefit from your given project?

○ 0-14   ○ 15-29   ○ 30-44   ○ 45+

Outcomes

Which outcome(s) does your request best align with? *
☐ Community Connection
☐ Community Resilience
☐ Kai Solutions

Briefly describe how this will be achieved? *

Word count:
Must be no more than 50 words.
If your request does not support the delivery of one of these outcomes your request will not proceed.

Supporting Documents

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 12 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 Hamilton 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 Hamilton 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