

# SQCT Application Form FY25 Round 1

## Form Preview

### Eligibility

\* indicates a required field

#### Applicants: Please Note

Before completing this application form, you should have read the **SkyCity Queenstown Community Trust** policy [found here.](#)

Incomplete applications and/or applications received after the closing date will not be considered.

By confirming your eligibility you are agreeing to the [Terms and Conditions](#) of a grant from SkyCity Queenstown Community Trust. Please ensure you have read these Terms and Conditions carefully.

We want our grants to support services and programmes that are:

- Collaborating and partnering with and through other organisations, funders and entities
- Achieving maximum impact through funding deeper and more meaningfully
- Looking to social innovation through investing in new initiatives

If you have any questions please do not hesitate to get in touch with the Community Trust team at [community@skycity.co.nz](mailto:community@skycity.co.nz).

### Confirmation of Eligibility

#### I confirm that the applicant ...

- Has read and understands the Trust's [Policy](#) and [Terms and Conditions](#)
- Is able to demonstrate alignment between their project and the aims of the SkyCity Queenstown Community Trust
- Is a not-for-profit organisation
- Is registered with Charities Services for the purposes of this application
- Is located in (and/or supplies services to) **the area of benefit** (Queenstown Lakes District) as outlined by the Trust.
- Is able to demonstrate financial viability
- Does not owe any reports or money to **SkyCity Queenstown 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 in one or more of the statements above. 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](mailto:community@skycity.co.nz).

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### Contact Details

\* indicates a required field

#### Applicant Organisation Details

**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

  

**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 \***

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**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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Secondary Contact Phone Number \***

**Secondary Contact Email \***

Must be an email address.

## Organisation Details

\* indicates a required field

**Applicant NZ Charity Registration Number (CRN)**

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

New Zealand Charities Register Information
Charity Registration Number
Organisation Name
Other Names
Status
Street Address
Postal Address
Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

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### What type of not-for-profit organisation are you? \*

- Religious or faith-based institution
- Philanthropic organisation
- Peak body
- Social enterprise
- International NGO
- Professional association
- Healthcare not-for-profit
- Community group
- Political party / lobby group
- Research body
- General not-for-profit (i.e. none of the sub-types listed above)
- Other

Please choose the option that best applies to your organisation.

### What is your organisation's legal structure? \*

- Registered Charity
- Incorporated Society
- Charitable Trust
- Organisation established through specific legislation
- Limited Liability Company
- Māori corporation, association or cooperative
- Marae
- Other:

- Unknown

If your organisation is unincorporated it must have an auspice organisation

## Request for Funding Details

\* indicates a required field

### Total Amount Requested

\*

What is the total amount you are requesting in this application?  
Rounding is required.

### Total Project/Program Cost

\*

What is the total budgeted cost (dollars) of your project?

## Funding History

### Have you received funding from us in the past? \*

- Yes
- No

## Past Project Details

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### Application Reference Number

Provide the reference number of your most recent project funded by SkyCity Queenstown Community Trust (e.g. SQCT00001FY24)

### Amount Allocated

Must be a number.  
Provide the total amount allocated to the project.

### Date

Must be a date.  
Provide the date this grant was allocated.

## Project Details

### What is the name of your project? \*

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

### Provide a summary of your project. \*

Word count:  
Must be no more than 25 words.

### What will your funding be used for? \*

Word count:  
Must be no more than 25 words.

### What does success of this project look like? \*

### What evidence demonstrates the community's need for this project?

Describe the specific issue or need you want to address (200 words recommended)

## Outcomes and Priorities

The vision for SkyCity Queenstown Community Trust is:

*"Thriving communities - engaging, participating and connected"*

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We want our grants to support services and programmes that focus on the wellbeing and resilience of our communities and rangatahi.

We will fund programmes and services by:

- Collaborating and partnering with and through other organisations, funders and entities
- Achieving maximum impact through funding deeper and more meaningfully
- Looking to social innovation through investing in new initiatives

**How does your project align with the vision outlined above? \***

## Geographical Information

**Which region(s) will benefit most from this grant?**

- Queenstown Lakes District       Wanaka       Queenstown

## Ethnicity

**Which ethnicity group(s) will benefit from your given project?**

- Māori       Pākeha / NZ European       Pasifika  
 Asian       Middle Eastern/Latin American/African       Other:

## Age Group

**Which age group(s) will benefit from your given project?**

- 0-14       15-29       30-44       45-59  
 60+

## Gender Information

**Will your project target specific gender groups?**

- Yes  
 No

**Which gender group(s) will benefit from your given project?**

Gender refers to a person's social and personal identity as male, female, or another gender(s) that may be non-binary.

- Male       Female       Another Gender

### Cost to participate

**Is there a cost for participants to access your programme \***

- Yes  Don't know  
 No

### Project Delivery

We are looking to support projects that can demonstrate that they are responsive in the way they engage with the community, the development of their programmes and in their systems and management.

**Please explain what evidence there is to demonstrate the need for this particular project. \***

Word count:

Must be no more than 100 words.

**What are the impacts this project will/might have on the community? \***

Word count:

Must be no more than 100 words.

**Do you work with and collaborate with other organisations? \***

- Yes  Don't know  
 No  Other:

SkyCity Queenstown Community Trust will be prioritising requests that value collaborative partnerships.

**If you have selected yes, can you provide information on who you work with and how. Information could include any partners that your organisation collaborates with for this or other projects/services. How does collaboration assist your organisation to achieve outcomes?**

**Who will directly benefit from this project/service?**

If you would like to include some client numbers this is an ideal space.

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**Approximately how many people will benefit from your programme?**

Must be a number.

## Community Support

**Please note: You are required to provide at least one letter of support from another community organisation.**

**Does this initiative have community support? In particular, do the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing? \***

Yes  No  Don't know  Not Applicable

Evidence of community support is generally highly regarded, as projects with community buy-in tend to be more successful.

**What evidence do you have that this project/program has community support? \***

**Please upload at least one letter of support for your project. (These must be no older than twelve months old). \***

Attach a file:

A maximum of 5 files can be attached

## Expected Outputs

**What outputs are you expecting to produce through this initiative?**

Outputs are the immediate, obvious, and (usually) countable changes a project/program generates. Examples would include the number of trees to be planted, the number of classes to be held, the number of people expected to attend a training course, the number of possums to be treated for a disease, the number of volunteers to be engaged.

List your initiative's intended outputs, including approximate numbers (if possible), in the following table. Leave blank any fields that do not apply to your initiative.

## Outputs

<b>Number</b>	<b>Who or What</b>	<b>Service / Product / Activity</b>	<b>Timeframe</b>
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(Approximate, or leave blank if unknown)	e.g. parents; trainees; trees; possums; books	e.g. trained in first aid; planted; provided treatment; delivered	e.g. over life of programme; per annum; per month

### Milestones

**What are the major steps/ stages (i.e. milestones) involved in delivering your initiative?**

Milestone	Start Date (if known)	Finish Date (if known)	Location (if relevant)	Notes
e.g. planning; major activities; evaluation	Provide approximate date or leave blank if unknown or dependent on unknown factors. Must be a date.	Provide approximate date or leave blank if unknown or dependent on unknown factors. Must be a date.	(e.g. add address, suburb, region if known; otherwise type 'unknown' or 'not applicable')	Add explanatory notes if required

### 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 Queenstown 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?**

### Funding Request

\* indicates a required field

Request (GST exclusive)

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Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly. You may also choose to upload a copy of your budget.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	
			\$	
			\$	
			\$	

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	
		\$	

### Budget Totals

**Total Income Amount**  
\$

This number/amount is calculated.

**Total Expenditure Amount**  
\$

This number/amount is calculated.

**Income - Expenditure**

This number/amount is calculated.

### Budget Document

#### Project Budget Upload

Attach a file:

If you choose to upload a budget document for your project please do so here.

### Bank Account details

Please provide your bank account details

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### 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 your organisation name and the details given above \***

Attach a file:

### Quotes

**Please attach quotes for capital items to be purchased for over {{ \$500 }}**

Attach a file:

## Organisational Capacity

\* indicates a required field

**Now that we know about your project/service, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application. \***

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant. Information could also include how you report to your Board, stakeholders and community.

**Please provide a link to or attach a copy of your most recent Annual Financial Statements.**

This includes a Profit and Loss Statement (Statement of Financial Performance) and a Balance Sheet (Statement of Financial Position). These need to be less than eighteen months old.

**Upload files \***

Attach a file:

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or

**Provide web link:**

Must be a URL

**If you have any videos, photos, or supporting documents that you would like to upload for our trustees to view to support your application, please add them in this section.**

Attach a file:

**Links (i.e.: YouTube, Facebook, Instagram, etc.)**

Must be a URL.

## 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 Queenstown 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 \***

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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

## Applicant Feedback

You are nearing the end of the application. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Please indicate how you found the online application process: \***

- Very easy     Easy     Neutral     Difficult     Very difficult

**How many minutes in total did it take you to complete this application?**

Estimate in minutes i.e. 1 hour = 60 minutes

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**