

Community-Led Initiatives Fund 2026-27

Form Preview

Eligibility

* indicates a required field

Introduction

Purpose of the fund is:

To provide communities with the resources to deliver their own small-scale community-led initiatives, including an activity, event, or project. This fund is to support initiatives provided by the community for the community. The fund gives Council flexibility to support community-led initiatives as they emerge, including co-funding initiatives with other funders.

Before completing this application form, you should have read the programme guidelines: [community-led-initiatives-fund-guidelines-2023.pdf](#)

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

If you have any questions in regards to these eligibility criteria, please contact **our Community Funding Advisor on phone: 06 356 8199 or email: communityfunding@pncc.govt.nz**

Confirmation of Eligibility

Before proceeding, please confirm the following:

- We are either:
 - a local community group or for-purpose organisation, or
 - a group with an umbrella organisation willing to take responsibility for the funding application.
- We are in the final stages of planning an activity, event, or project.
- Our activity, event, or project will primarily benefit Palmerston North communities of identity, place, or interest.
- We have read and understood the programme guidelines.
- Our organisation does not owe any outstanding reports or money to Palmerston North City Council as a result of previous funding or grants.

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

☐ Yes

Privacy Notice

We take your privacy seriously. To find out why Palmerston North City Council collects and stores your personal information, what we will use it for and with whom we can share it, see our [privacy statement](#).

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I can confirm I have read the privacy statment and agree to the terms *

☐ Yes

Conflicts of interest

All known conflicts of interest (whether actual, potential or perceived) must be declared. Council officers involved in the funding process are also required to declare any conflicts of interest.

Are there any Palmerston North City Council staff members or elected members in your organisation? *

☐ Yes

☐ No

If yes, please provide details

Are you aware of any other conflicts of interest which could affect this proposal? *

☐ Yes

☐ No

If yes, plese provide details

Contact Details

Applicant

Title

First Name

Last Name

Applicant Primary Address

Address

Applicant Primary Phone Number

Must be a New Zealand phone number.

Applicant Primary Email

Must be an email address.

Applicant Primary Website

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Must be a URL.

Organisation Details

* indicates a required field

Organisation Name *

Organisation Name

Organisation Name NZBN

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

New Zealand Companies Register Information
NZBN
Entity Name
Registration Date
Entity Status
Entity Type
Registered Address
Office Address

Must be formatted correctly.

Organisation Name 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

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Must be formatted correctly.

Umbrella Organisation

* indicates a required field

Is your organisation operating under the umbrella of another organisation for the purposes of this grant? *

- ☐ Yes
☐ No

Umbrella Organisation Details

Organisation Name *

Organisation Name

Primary Address *

Address

Address Line 1, Suburb, Town/City, Postcode, and Country are required.

Contact Primary Phone Number *

Must be a New Zealand phone number.

Contact Primary Email *

Must be an email address.

Contact Primary Website

Must be a URL.

Primary contact person *

Title First Name Last Name

Primary Phone Number *

Must be a New Zealand phone number.

Primary Email *

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Must be an email address.

Position in organisation *

The umbrella organisation contact person named above must agree to the following *

- ☐ I agree to act for the applicant group in receiving and monitoring the use of a grant from the Palmerston North City Council Community-Led Initiatives Fund.
- ☐ I understand the description of the roles and responsibilities of an umbrella organisation as described above.
- ☐ I have authority to commit to this role on behalf of this umbrella organisation.

Initiative Details

* indicates a required field

Please identify your initiative as an event or a project.

Events are one-off gatherings, which are celebratory, educational, competitive, commemorative or exhibitively by nature. This fund is not intended for arts or sport events.

Projects, or programmes, are a set of planned tasks or activities that have a defined time-frame for completion. Projects that are new and unique to Palmerston North, will be prioritised for this funding.

Project/Event title *

Is your initiative an event or a project? *

- ☐ An event ☐ A project

Please identify any priority community or communities that your initiative will benefit: *

- ☐ Māori; ☐ Pasifika; ☐ Ethnic communities; ☐ People of refugee background; ☐ People with disabilities; ☐ Children and young people; ☐ Older people; ☐ Rainbow communities

Anticipated start date *

Must be a date.

Anticipated end date *

Must be a date.

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Location of event or project

Address

If over several sites choose one and include details of all locations in the summary description

Have you confirmed the venue

☐ Yes

☐ No

What is the estimated number of attendees (for an event) or number of participants (for a project)? *

Is there a cost to attendees or participants?

☐ Yes

☐ No

If yes, ensure you provide the figures into your budget

Please provide a summary of your project / event *

Share how you've gathered support from the community for this project or event

Please upload letters of support (if available/relevant)

Attach a file:

Outcomes

* indicates a required field

Which of the following Council goals does your initiative align with? *

- ☐ Goal 2: A creative and exciting city
- ☐ Goal 3: A connected and safe community
- ☐ Goal 4: A sustainable and resilient city

Outcomes

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Please tell us about the outcomes you expect to result from your project/event and how those outcomes align with Council's Goals (2,3,4) and outcomes.

Example:

Your Outcome

Launch a free monthly community event series focused on cultural performances, workshops, and family activities.

Alignment with our outcomes

Goal 3 A connected and safe community

How does your intended outcome link to our outcomes?

By offering regular, inclusive events, we create spaces where diverse communities connect, feel safe, and celebrate together, improving access to activities that build belonging and inclusion.

See the Council's Strategic Direction [here](#)

Press the + button or 'add more' to include more rows.

Your intended outcomes (the most relevant to your initiative) **Alignment with Council's Goals and Outcomes** **How does your intended outcome link to our outcomes?**

What changes do you expect will occur as a result of your initiative (e.g. People feel more connected within community; The project/event celebrates the city's diversity,...)? Please be brief. One per row.	Which of Council's Goals and Outcomes does this contribute to?	Please explain how your intended outcome helps contribute to ours.

Event Performance Measures

Please note we would like you to provide the following information after your event has happened, in the acquittal report:

- How many people attended your event.
- How many volunteers were involved in your event.
- Feedback from attendees on their experience of the event.
- Feedback from performers and/or others involved in organising the event.
- Description of how well your intended outcomes were achieved.

Do you agree to report all of the above information after your event has happened? *

☐ Yes

Project Performance Measures

Please tell us how you will measure your intended outcomes above.

Please list each intended outcome per row.

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Click the '**Maximise**' button to view these questions in full screen. You can add additional rows by clicking the '**Add More**' button.

Please remember to regularly press **save**.

If your application is successful, we will work with you to confirm these project performance measures.

Intended outcomes	How will you measure this outcome?
One per row. Add more rows if you want to list additional activities.	Add notes if you need to provide more context.

Budget

* indicates a required field

Budget

Are you GST registered? *

- ☐ Yes - Do NOT include GST in your budget
☐ No - Include GST in your budget

Please outline your project expenses in the expenditure table below. Remember to include support in kind (like donated materials) and volunteer hours (number of hours and estimated cost/value per hour).

If you have quotes (recommended for items over \$500) please upload these in the supporting information section below.

The Community-Led Initiatives guidelines list the kinds of costs that are eligible and ineligible for funding. [community-led-initiatives-fund-guidelines-2023.pdf](#)

Here is an example of a budget.

Press the + button or 'add more' to include more rows.

Budget

Expenditure Description	Amount	Expenditure Type	Quotes (\$500.00 and over)
		Other:	
		Other:	

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		Other: 	

Total Expenditure Amount

This number/amount is calculated.

Budget

Please tell us about all other income you expect for your project, **not** including the funding you are requesting from the Community-Led Initiatives Fund.

This could include sponsorships, donations, ticket sales, fundraising, or your own contribution.

Even if the income is not confirmed yet, please list it.

This helps us see the full funding picture for your project or event.

Income Description	Amount	Is this funding confirmed?

Total Income Amount

This number/amount is calculated.

Total Project Cost

This number/amount is calculated.

Total Amount Requested

Must be a dollar amount.

What is the total financial support you are requesting in this application?

If your application is approved for partial funding, will you still be able to implement the initiative? *

- ☐ Yes
☐ No

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If Yes, please briefly explain how

Are you requesting \$10,000 or more for your initiative? *

- ☐ YES (Our team will be in touch to arrange for a meeting about your initiative)
☐ NO

If you are requesting less than \$10,000 would you still like to meet the team to discuss your initiative?

- ☐ Yes
☐ No

Health and Safety

*** indicates a required field**

Health & Safety and Waste Minimisation

We need to make sure that events funded by PNCC are safe and healthy for everyone attending. This plan should identify hazards and risks and explain how you will manage things like traffic management, public safety, recycling and waste minimisation, sun protection, and first aid.

Please Note: A completed Health and Safety plan is required before the application can be assessed.

You can read the Council's **Health and Safety Guidelines** [here](#).

Please **download the Health and Safety Plan template**, [here](#), complete it and **upload to the link below**.

Please upload your health and safety plan *

Attach a file:

Please provide any health and safety comments.

Marketing and Advertising

*** indicates a required field**

Communications and marketing

Initiatives supported by the Community-Led Initiatives Fund should be open and accessible to all. To help us understand how you will promote your event or project to

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your intended audience, please **download the Communications and Marketing Plan template**, [here](#), complete it, and **upload to the link below**

Please upload your plan *

Attach a file:

Communications and marketing comments.

Supporting Information

Upload additional material

If you have any additional material you would like us to refer to, please use the File Upload below.

Examples of additional material are:

- run sheet or programme details of your event; or
- details of your project;
- quotes for items in the budget;
- letters of support for your event or project.

File Upload

Attach a file:

Terms of agreement and declaration

*** indicates a required field**

Terms of agreement

You will only be bound by these terms if your application is successful.

1. In accepting the offer of funding from the Palmerston North City Council, the applicant agrees to:

- complete the initiative as outlined in the application (or request permission in writing from the Council for any change to the initiative)
- use the grant money for the expenses identified in the success letter
- return any unspent funds
- operate in an open and publicly transparent manner
- manage the project in a financially prudent manner with full, up to date and accurate records

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- keep invoices/receipts and a record of all expenditure for seven years
- participate in any funding audit of my organisation or initiative conducted by Palmerston North City Council
- contact the Council to let them know of any public event or presentation that is funded by the Palmerston North City Council
- positively acknowledge the support of the Palmerston North City Council in all relevant media and promotional activities, including incorporation of Council's logo in line with the provided identity guidelines.
- give permission for the applicant's name, brief details about the initiative, and the amount of the grant to be made available to the public.
- undertake that the applicant has obtained the consent of all people involved to provide these details and the applicant has the right to have access to this information. This consent is given in accordance with the Privacy Act 2020.
- ensure that service delivery adheres to legislative requirements, including requirements under the Children's Act 2014, Health and Safety at Work Act 2015, and Employment Relations Act 2000.
- complete and return a written report no later than two months following the initiative. The applicant understands the information given in the initiative result form will be referred to if the applicant applies for further funding.
- notify the Council of any changes to office holders of the organisation, or changes to the organisation's address or other contact details, should this occur before the applicant return the final report.

2. Palmerston North City Council shall not be liable for any loss or damage incurred or sustained by the applicant, or any of its employees, agents, contractors, customers or volunteers.

3. Representatives of both parties to this agreement will discuss any issues relating to the achievement or non-achievement of the expectations outlined in the agreement. If either party identifies any issues, such discussions will take place as soon as practical.

4. No alteration to, deletion from, or amendment to, any of the provisions of this agreement shall be binding on the parties unless both parties agree, and this agreement is recorded in writing.

5. Palmerston North City Council may terminate this agreement, with two months written notice, where it considers there are serious performance problems against the expectations outlined in this agreement.

6. In the event that the applicant fails to comply with these terms of agreement, Palmerston North City Council is entitled to terminate the agreement immediately. In the event of termination the applicant is required to repay the grant money to Palmerston North City Council.

7. Council has policies to make funded events safe and healthy for our communities, please review the following policies and ensure your event complies where relevant:

[Sun protection policy – PNCC](#)

[auahi-kore-smokefree-and-vapefree-policy-2020.pdf \(pncc.govt.nz\)](#)

I certify to the best of my knowledge the information provided in this application is true and correct, and I understand if the application organisation is approved for this grant we will be required to accept the terms and conditions. *

☐ Yes

Name

Title

First Name

Last Name

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Position

Phone Number

Must be a New Zealand phone number.

Applicant Feedback

You are nearing the end of the application process. 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?

Must be a number.

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