

Strategic Priority Grants 2025-2028

Form Preview

Strategic Priority Grants 2025 - 2028

Introduction

In order to complete your application please:

- Download the [Strategic Priority Grants 2025-2028 guidelines](#)
- Read the [Strategic Priority Grants FAQ](#)
- Read the Council's Strategic Direction [here](#)
- View the video on Outcomes/Outputs [here](#)
- Read the **example application** (focus on proposed projects/services/activities, proposed outcomes and measures) [here](#)
- Come to a drop-in session (see the timetable in the Guidelines or on the [website](#))
- Contact Community Development Advisor - Funding, Cindy Nguyen on 06 356 8199 or email communityfunding@pncc.govt.nz

We recommend you register your organisation on [SmartyFile](#) to help manage your application.

Organisation Details

* indicates a required field

Organisation details

Name of organisation *

Organisation Name

Physical address

Address

Postal address

Address

Phone *

Must be a New Zealand phone number.

Email *

Must be an email address.

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Website

Social media

GST number (if applicable)

Is this a joint application? *

Yes

No

Is this application on behalf of more than one organisation?

Partner organisation details

This section is only applicable for joint applications.

Name of organisation *

Organisation Name

Physical address

Address

Postal address

Address

Phone *

Must be a New Zealand phone number.

Email *

Must be an email address.

Website

Charities Commission registration number (if applicable)

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

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Other Names
Status
Street Address
Postal Address
Telephone
Fax
Email
Website
Date Registered

Must be formatted correctly.

Primary contact person

Name *

First Name

Last Name

Position in organisation

Phone *

Must be a New Zealand phone number.

Email *

Must be an email address.

Secondary contact person

Name *

First Name

Last Name

Position in organisation

Phone *

Must be a New Zealand phone number.

Email *

Must be an email address.

Organisation status

Are you a registered charity? *

Yes

No

Have you received Council funding in the past two years? *

Yes

No

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Are you registered with the Companies Office? *

Yes No

This includes registered incorporated societies or charitable trust boards.

Are you a social enterprise? *

Yes No

Social enterprises are purpose-driven organisations that are in business to deliver social and environmental impact.

Do you have central government Social Services Accreditation? *

Yes No

Organisations must be accredited before they can be funded by agencies like Oranga Tamariki, Ministry of Justice or the Department of Corrections.

Charities Commission registration number

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.

Your New Zealand Business Number (NZBN) is a 13 digit number given to all registered incorporated societies and charitable trust boards, as well as businesses. You can find your NZBN [here](#).

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

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Entity Status
Entity Type
Registered Address
Office Address

Social enterprise

What is your organisation's mission?

Word count:
Must be no more than 100 words.

What portion of your income is derived from trade?

Word count:
Must be no more than 100 words.

What portion of your surplus is reinvested in the fulfilment of your mission?

Word count:
Must be no more than 100 words.

Conflicts of interest

All conflicts of interest (whether actual, potential or perceived) must be declared. All 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

Please provide their names *

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

Yes No

Please describe any other conflicts. *

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Umbrella organisation

We can fund unregistered community groups if they have a commitment from an umbrella organisation.

An umbrella organisation is an established, registered group that is willing to oversee the use of grants made to unregistered groups.

The roles and responsibilities of an umbrella organisation are:

- To receive and hold the grant on behalf of a community group.
- To pay out the funds as required by the community group.
- To pay out the funds in line with the purpose of the project for which funding was awarded.
- To endorse accountability reports on the project.
- To repay any unspent funds to the Palmerston North City Council.

Umbrella organisation name

Organisation Name

Phone

Must be a New Zealand phone number.

Email

Must be an email address.

Briefly describe how you work with your umbrella organisation.

Word count:

Must be no more than 150 words.

For example, do you deliver services together?

Additional information for joint applications

What are the benefits to the community of delivering your activities collaboratively?

Word count:

Must be no more than 150 words.

Please upload a copy of any documents formalising the collaboration, such as an MOU or a service agreement

Attach a file:

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Capability, capacity and experience

If you have not been funded by Council in the past two years, or do not hold a Social Services Accreditation, then you need to provide evidence of that you have the capability, capacity and experience to deliver your proposal.

This includes evidence that you have:

- a relevant track record of successful delivery;
- the necessary networks or profile to give you credible access to the community;
- community support for, or involvement in, your organisation;
- evidence of support from your recognised regional or national body (where relevant).

This evidence could include a copy of your annual performance report, any support letters you have, information about the structure of your organisation, a copy of your strategic plan, or information about the relationship between your organisation, key partners, and the wider community.

Please also identify an independent referee that we can contact to confirm this information.

File upload

Attach a file:

Referee

First Name

Last Name

Phone

Must be a New Zealand phone number.

Email

Must be an email address.

Projects, Activities, Services Detail

* indicates a required field

Details

Click the '**Maximise**' button to view this question in full screen.

Provide a concise description of the proposed projects, activities or services you want us to support *

Word count:

Must be no more than 250 words.

We encourage you to use bullet points to list your projects, activities or services.

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What are the intended outcomes you expect to result from these projects, activities or services? *

Word count:

Must be no more than 500 words.

Please provide details.

Please identify any priority community or communities that your projects/ activities/services will benefit. *

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

If Other, please explain here

Example: Geographic, neighbourhood or other communities

Goals and Outcomes

Funding outcomes

Our funding outcomes are based on Goals 2,3 and 4.

GOAL 2: A CREATIVE AND EXCITING CITY

GOAL 3: A CONNECTED AND SAFE COMMUNITY

GOAL 4: A SUSTAINABLE AND RESILIENT CITY

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

Proposed outcomes

Please tell us about the outcomes you expect to result from your projects, activities, or services AND how those align with Council's Goals (2,3 and/or 4) and Outcomes (use the drop-down options).

Please choose the funding outcomes that best align with your core purpose.

For example: your intended outcomes may align with Goal 3 - 'A connected and safe community', Outcome 2 - 'the support they want to live healthy lives'

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There is a pre-filled example in the first row that you can type over it and click on "x" to delete the example Goal/Outcome.

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

Your intended outcomes

Alignment with Council's Goals and outcomes

What changes do you expect will occur as a result of your projects, activities, or services (e.g. People feel more connected within community; the community have opportunities to celebrate their cultures, people feel more confident to present their work, people learnt new skills and knowledge)? Please be brief. One per row. Must be no more than 50 words.	Which of Council's Goals and Outcomes does this contribute to? No more than 1 choice may be selected.
Our clients who complete our money management course become more confident to manage their finances	

Measuring your success

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

Please list each intended outcome per row.

There is a pre-filled example in the first row that you can type over it.

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**.

Intended Outcomes

How you measure this outcome

One per row. Add more rows if you want to list more. Must be no more than 50 words.	Must be no more than 50 words.
Clients completing our money management course become more confident to manage their finances	we will survey our clients following each completed money management course and ask them if they feel more confident to manage their finances

Budget

* indicates a required field

Proposed three-year-budget

Please provide a budget for the three years from 1 July 2025 to 30 June 2028. The budget should identify exactly how the Strategic Priority Grant would be spent.

Are you GST registered? *

Yes - Do NOT include GST in your budget

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No - Include GST in your budget

Upload the budget *

Attach a file:

Confirm the amount per year you are requesting from Council. Please do not adjust your figures for inflation. Inflation will be automatically applied in years two and three.

Amount requested year one *

\$

Must be a dollar amount.

Year one is 1 July 2025 - 30 June 2026

Amount requested year two *

\$

Must be a dollar amount.

Year two is 1 July 2026 - 30 June 2027

Amount requested year three *

\$

Must be a dollar amount.

Year three is 1 July 2027 - 30 June 2028

Supporting information

Supporting information

Please provide a copy of your latest strategic plan, if applicable.

If you have any additional material you would like us to refer to, please enter it in the sections below.

File upload

Attach a file:

Please provide additional information if you would like to.

Word count:

Must be no more than 150 words.

Feedback

* indicates a required field

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Time taken to complete application

We are working to make our application processes easier. You can help us by keeping track of roughly how long it takes you to complete your application, and give us feedback on the application form.

Hours spent completing your application *

Must be a number.

Please fill this out just before you submit your application.

Provide feedback on the application form

Must be no more than 200 words.

Declaration

* indicates a required field

Declaration

You must agree to the below statements before submitting your proposal: *

- I have authority to commit to the following conditions on behalf of the applicant group.
- I understand that the Palmerston North City Council is bound by the Local Government Official Information and Meetings Act 1987.
- I consent to Palmerston North City Council recording the details provided in this proposal and retaining and using these details for considering the proposal.
- I have obtained the consent of all people involved to provide any personal contact details in this application. I understand that I have the right to access this information. This consent is given in accordance with the Privacy Act 2020.
- I authorise Palmerston North City Council to seek such information as they may require to complete the consideration of this proposal.
- I understand that Palmerston North City Council may disclose to, or obtain from, any government department or agency, private person, or organisation any information about my organisation for the purposes of gaining or providing information relating to my organisation.
- I will advise Palmerston North City Council of any significant change to our organisation's situation (including finances) between the date this proposal is submitted and the date I am notified of the Council's decision.
- I confirm that we have the following financial controls in place: two signatories to all our bank accounts; a current cashbook or equivalent; a treasurer; a spreadsheet/journal that tracks different funding sources; regular financial reporting to our governing body.

At least 8 choices must be selected.

Authorisation

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I declare that the details contained in this proposal are correct and that I have authority to commit to the above conditions. *

Agree

Your name *

First Name

Last Name

Position in organisation *