CT Grant 2025 Application Form
Form Preview

Before you start

What you'll need:

Your organisation's

- contact details
- NZBN (business number) or CRN (charity registration number)
- budget information (income and expenses)
- Annual Report or financial statements

NOTE: Please remember to click "save" periodically as you go; the system will automatically log you out after 20 minutes.

Eligibility

* indicates a required field

Funding Programme

This field is read only.

Applicants: please note

Before completing this application form, you should have read the fund policy: [Community Transport Funding Policy](#).

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

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial that you complete this eligibility question before moving onto any others, to ensure you do not waste your time applying for an unsuitable grant.

Please be sure to read each question and its subtext carefully, as the subtext may add clarity to what we are asking you to provide for each question.

If you have any questions in regard to these eligibility criteria or if you need assistance, please contact **communitytransport@waikatoregion.govt.nz**

If you do contact us throughout the application process, please quote the application number below:

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Application Number

This field is read only.

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the [fund policy document](#)
- is able to demonstrate alignment between their service and the aims of this programme
- is based in Waikato region
- is serving an area where public transport does not currently meet people's needs for participation
- will retain a legal entity status of:
    - incorporated society, or
    - registered charitable trust, or
    - a Māori reservation/marae, or
    - a limited liability company fully owned by one of the above;
- is a not-for-profit, non-government, or non-commercial organisation
- will comply with applicable legislation
- is able to manage financial accounts and meet reporting requirements
- does not owe any reports or money to Waikato Regional Council as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant

Please select below: *
○ Yes   ○ No
You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

Applicant acknowledges that any information held by Council is subject to the Local Government Official Information and Meetings Act 1987 (LGOIMA) and therefore Council may be required under LGOIMA to disclose information relating to the funding application and/or this Agreement.

Applicant Details

Applicant/Organisation *
Organisation Name

For organisations: please use the organisation's full name. Make sure you provide the same name that is listed in official documentation.
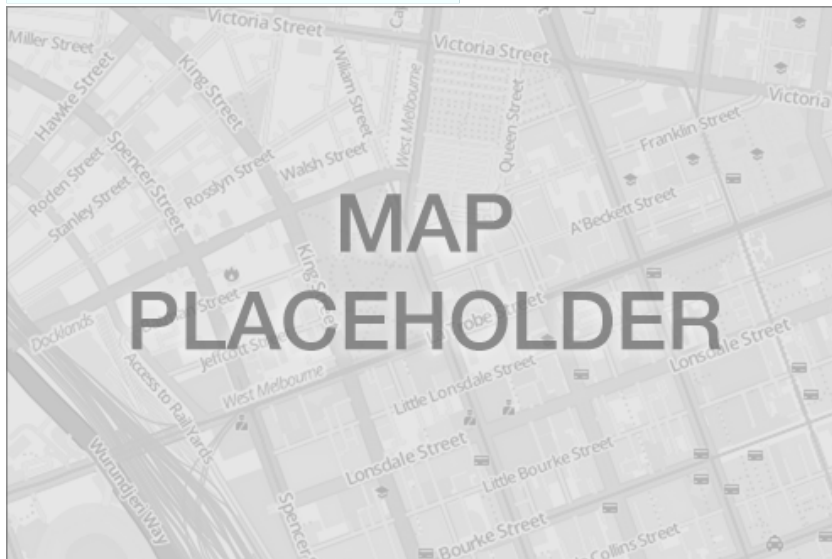
Department/Branch

Use this field only if relevant - if your organisation provides services outside of transport, what should we call your transport arm?

Office primary address
Address

Applicant postal address
Address

Office primary phone number *

Office email address *

Must be an email address.

Applicant website

Must be a URL. Use this field only if relevant.

Primary Contact Details

Primary contact *
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 or Fundraising Coordinator.

Primary contact phone number *

[   ]

Primary contact office phone number (if different)

[   ]

Primary contact email address *

[   ]
This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

What is your organisation's purpose or mission?

[   ]
This summary can be brief.

Does your organisation have an NZBN or CRN? *
○ Yes   ○ No
HINT: New Zealand Business Number (can be found here https://www.nzbn.govt.nz) or Registered Charity Number (can be found here https://register.charities.govt.nz/CharitiesRegister/Search)

Applicant 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

Applicant 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.

What is your organisation's legal structure? *

If your organisation is unincorporated it must have an auspice/umbrella organisation.

Is your group affiliated with or part of a national organisation? *
○ Yes   ○ No

Affiliated services

If applying on behalf of multiple transport services, you may be required to a submit a separate application for each service.

Contact us with any questions: communitytransport@waikatoregion.govt.nz

Does the national organisation have control of your finances?
○ Yes   ○ No
Note: If yes, you will need to be able to share a budget that reflects the community transport arm of the organisation.

If your organisation provides programmes or services outside of transport, please briefly list here:

Auspice/Umbrella Information

* indicates a required field

Is your organisation auspiced by or partnered with another organisation for the purpose of this grant? *

○ Yes   ○ No

Auspice is also known as being under an "umbrella" organisation. Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant. If you are unsure, please contact communitytransport@waikatoregion.govt.nz with any questions.
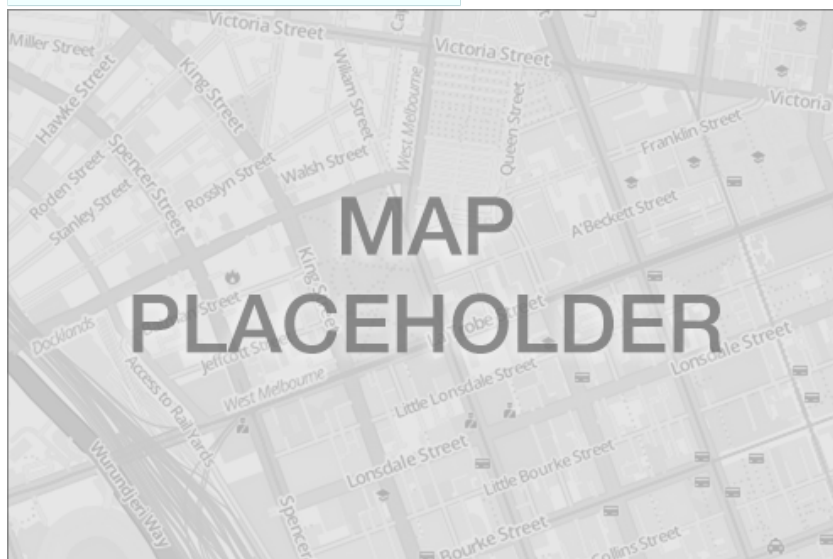
Auspice/Partner Organisation Details

Auspice or partner organisation name *
Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation.

Auspice or partner primary address
Address

Auspice or partner postal address
Address

[ ]

Auspice or partner primary phone number *

[ ]

Auspice or partner email address *

[ ]

Must be an email address.

Auspice or partner website

[ ]

Must be a URL.

Primary contact person at auspice or partner organisation *

Title	First Name	Last Name
[ ]	[ ]	[ ]

We may contact this person to verify that the auspice or partner arrangement is valid and current.

Position held in organisation *

[ ]

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice or partner primary contact primary phone number *

[ ]

Auspice or partner primary contact office phone number

[ ]

Auspice or partner primary contact email address *

[ ]

Must be an email address

Please attach a letter from the auspice or partner organisation confirming that the auspice or partner arrangement is valid and current. *
Attach a file:

[ ]

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Transport Service Details

* indicates a required field

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Transport service title: *

Provide a name for your transport service.

How long has your organisation been in operation? *

If your transport initiative has not yet begun, or may not be a permanent service, please enter the following dates:

Anticipated start date

If unknown, provide your best guess. Leave blank if the service has already started.

Anticipated end date

If unknown, provide your best guess. Leave blank if ongoing.

Please provide a short summary of your transport service *

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). If you need some ideas about how to frame your response, see the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu1

What district(s) does your service cover? *

☐ Hamilton City
☐ Hauraki District
☐ Matamata-Piako District

☐ South Waikato District
☐ Taupō District
☐ Thames-Coromandel District

☐ Waipa District
☐ Waitomo District
☐ Ōtorohanga District

☐ Rotorua Lakes District
☐ Waikato District
☐ Other:

At least 1 choice must be selected.
Select all that apply.

What need does your transport service meet?

Tell us why your transport service is needed, and why you believe it will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. If you need some ideas about how to frame your response, go to the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu2

What types of journeys do you support? What are the operating hours for your transport service? *

For example: Trips provided between Meremere and Waikato Hospital, from Monday to Friday 8:30 - 4pm.

Please detail the vehicles used in your service: How many are there? How many are wheelchair accessible? *

How will your service add value to communities through community transport?

Please consult the fund guidelines for more information about our fund - see Community Transport Funding Policy https://waikatoregion.smartygrants.com.au/d/files/dlm/32a11463c384e9fec35fa7d1d5c99ef579ffb019 If you need some ideas about how to frame your response, visit the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu3

How will you measure and evaluate the outcomes and impact of your service?

If relevant, please list any partners you will work through or with to reach your beneficiaries and/or achieve your outcomes.

Partners:

Are you partnering with other groups to help you meet your community's transport needs? You may add extra rows if required.

Number of paid staff FTE: *

Please calculate the total full-time equivalent of any paid staff.

Number of volunteers: *

Does this transport service have community support? In particular, do the beneficiaries and/or geographic communities affected by this service support the activities you are proposing? *

○ Yes   ○ No   ○ Don't know   ○ Not Applicable

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

What evidence do you have that this service has community support?

If you need some ideas about how to frame your response, go to the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu7

Please upload letters of support (if available/relevant)
Attach a file:

A maximum of 5 files can be attached

Budget

* indicates a required field

Total Amount Requested
*

$

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

Total Service Operations Cost *

$

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

Budget Instructions

We are interested in the operational costs associated with delivering your transport service. Please note that this fund does not support capital expenditure (i.e. purchasing a vehicle). If your transport service is part of a larger organisation, include only the income and expenses relevant to the service.

Please provide your estimated service budget in an attached spreadsheet containing anticipated income and expenditure tables, including details of other funding that you have applied for, and whether that income is confirmed or not (to help us gauge the certainty of receiving those funds). All amounts should be GST exclusive.

Ensure each budgeted item in the 'Income' and 'Expenditure' columns is clearly described. Examples of income might include 'ABC trust grant (unconfirmed)', 'trivia fundraising night (unconfirmed)', or 'company X sponsorship (confirmed)'. Examples of expenses could be 'onsite utilities for 12 months', 'office supplies', or 'part-time staffer x 700 hours'.

Use the 'Notes' section below for any additional information you think we should know.

We have provided a sample budget template for your convenience, linked in the section below.

If you have any questions regarding these criteria or need assistance, please contact **communitytransport@waikatoregion.govt.nz**

Budget Attachment

Please upload your budget spreadsheet. **Click here for an example and template to use.**

Max file size is 5 MB. Please contact us with questions if you are uncertain about your file type or size.

Click here for a list of supported file types.

Upload Attachment *
Attach a file:

What non-financial inputs do you require in order to successfully carry out this project? | **Confirmed?**

Non-financial inputs could include staff/volunteers time/expertise, equipment use, facilities use, pro bono or in-kind contributions, advocacy, and other types of support.	

NOTES: Please use this space for any additional information you would like us to know.

How will you deliver?

* indicates a required field

Now that we know about your transport service, we want to find out more about your organisation's plans to undertake the work you propose. Please provide some information about your organisation that demonstrates how you will complete the work you've described in this application. *

Please detail your strategies for providing the necessary resources (e.g., funding, staff/volunteer time and expertise, equipment, facilities, pro bono or in-kind contributions, advocacy) and outline how you will complete this service/programme within the proposed timelines. Additionally, share any past work that showcases your organisation's capacity to undertake this project. If available and relevant, include links to further explanatory material.

Annual Report and Financial Statements

Provide a link to, or attach a copy of, your most recent Annual Report.

If you do not produce an annual report, please provide your most recent financial statements. These may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position.

Additionally, please ensure that details of your organisation's current assets and savings are included. This information will help us understand your financial status and level of need, enabling us to fairly consider your application alongside others.

Upload files

Attach a file:

or

Provide web link:

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 terms and conditions of the grant as outlined in the letter of approval, in addition to signing the Funding Agreement.

I agree *   ○ Yes   ○ No

Is the person who filled out this form the same as the contact person listed earlier? *   ○ Yes   ○ No

Authorised Person

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 Application Completed *

Must be a date

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. This section is optional.

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

Please share any suggestions for improvements or changes to the application process that we should consider.