# Community Grants Application Form
Form Preview

## Eligibility

* indicates a required field

**Grant Programme Name**

This field is read only.

## Applicants: please note

Before completing this application form, you should have read:

What we fund: **Community Grants - Auckland Airport Community Trust**

The guidelines: **Community Grant 2025 Guidelines**

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 important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.**

If you have any questions in regard to these eligibility criteria, please contact airporttrust@gmail.com.

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

**Application Number**

This field is read only.

## Confirmation of Eligibility

**Before proceeding, please confirm the following:**

- I am seeking funding towards a project that will help people living in Auckland Airport Community Trust's **Area of Benefit**
- I have read the **Community Grant guidelines** before applying to ensure my project meets the Trust's criteria
- Our organisation is a registered charitable trust, or not-for-profit organisation that meets Auckland Airport Community Trust's charitable objectives
- Our project will be delivered between January 2027 – December 2027
- Our project has clear outcomes and indicators of progress

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

☐ Yes

## Contact Details

* indicates a required field

### Your Organisation Contact Details

**Organisation Name** *
Organisation Name

Make sure you provide the same name that is listed in official documentation.

**Organisation primary address**
Address

**Organsation postal address**
Address

**Organisation primary phone number** *

**Organisation email address** *

Must be an email address.

**Organisation website**

Must be a URL.

### Contact Details for your Application

**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, Director or Fundraising Coordinator.

**Primary contact primary phone number** *

**Primary contact email address** *

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

## How did you hear about us?

**1.7 Where did you hear about the Auckland Airport Community Trust's funding?** *

Other:

## Organisation Details

* indicates a required field

**What is your organisation's purpose or mission?** *

Word count:
Must be no more than 100 words.

**What is your organisation's annual revenue?** *

- ○ Less than $50,000
- ○ $50,000 or more, but less than $250,000
- ○ $250,000 or more, but less than $1 million
- ○ $1 million or more, but less than $10 million
- ○ $10 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'.

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

- ○ Unincorporated association
- ○ Incorporated association
- ○ Charity
- ○ Trust
- ○ Social Enterprise
- ○ Other:

**Does your organisation Does your organisation have an NZBN or Charity Services Registration Number (CC)?** *

○ NZBN ○ CC ○ Neither

**Applicant NZBN (if applicable)**

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.

**Please enter your CC number (if applicable)**

You can find your Charity Commission Number here - https://register.charities.govt.nz/CharitiesRegister/Search

**GST No. (if applicable)**

**Number of paid staff** *

Must be a number.

**Number of volunteers** *

Must be a number.

**In general, where does your organisation get funding from?** *

Word count:
Must be no more than 100 words.

**Have you applied to this fund before (regardless of whether you were successful)?** *

Word count:
Must be no more than 100 words.

## Project Details

* indicates a required field

**4.1 Project/programme name** *

Word count:
Must be no more than 25 words.
Provide a name for your project/programme/initiative. Your title should be short but descriptive

**Anticipated start date** *

**Anticipated end date** *

**Please provide a short summary of your project/programme** *

Word count:
Must be no more than 250 words.
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). Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

**What evidence is there that this project / programme is needed?** *

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek.

**Your project must support the Trusts funding priorities. Which of the following Trust priorities does your project meet?**
☐ Education ☐ Community ☐ Arts & Culture ☐ Environment ☐ Sport ☐ Health

**Your project must support people living within the Trust's designated Area of Benefit. Which communities/suburbs will benefit from your initiative. If applicable, which Area of Benefit schools you intend to work with.** *

Word count:
Must be no more than 250 words.

## Community Collaboration

**Do you intend to work with other groups or organisations on this project?** *
○ Yes ○ No

**If yes, please explain how working with other groups or organisations will benefit the project.**

Word count:
Must be no more than 100 words.

## Project Impact

* indicates a required field

**What are the primary areas of focus for this project/programme?** *

You may select up to five items. You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees).

**Who are the expected primary beneficiaries of this project/programme?** *

Please choose only the group/s that are at the very core of this project/programme. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

### What difference do you intend to make through this project/ programme?

*Please think about how your project activities will help to deliver outcomes under Auckland Airport Community Grant* **Trust's priorities**.

| Your key project activities | Who will this help | Intended outcomes |
|---|---|---|
| Please explain why you believe the activities you propose will create a shift towards the outcomes you seek.<br>Must be no more than 50 words. | List who this will help and how many.<br>Must be no more than 50 words. | Explain what will change for the people that you reach.<br>Must be no more than 50 words. |
| | | |

## Tracking Progress

* indicates a required field

**What aspect(s) of your project do you plan to evaluate?** *

Word count:
Must be no more than 250 words.

**What evaluation tools might you use to carry out your chosen evaluation?** *

Word count:
Must be no more than 250 words.

## Project Budget

* indicates a required field

**Total Amount Requested** *

What is the total financial support you are requesting in this application? Please include GST only if your organisation is not GST registered. AACT grants to a maximum of $50,000.00.

**Total Project/Programme Cost** *

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

### Project Budget (Income)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not. Please include GST only if your organisation is not GST registered.

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

| Income | Income type | Is this funding confirmed? | Income amount (budgeted) | Notes |
|---|---|---|---|---|
| | | | | |
| Provide a clear description for each budget item. | Please select the type of income | | Enter the total amount expected to be received. Must be a dollar amount. | Add notes if you need to provide more context |

### Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below. Please include GST only if your organisation is not GST registered.

Please note applicable expense items will need one supplier quote.

| Expenditure description | Expenditure type | Expenditure amount (budgeted) | Notes |
|---|---|---|---|
| | | | |
| Provide clear descriptions for each budget item. | Please select the type of expenditure. | Enter the total amount to be expended on this budget item. | Add notes if you need to provide more context. |

| | | | |
|---|---|---|---|
| | | Must be a dollar amount. | |

## 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.

**Please attach one quote for each expenditure (cost) items**
Attach a file:

## Applicant Capacity

* indicates a required field

**Now that we know about your project/programme, 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.** *

Word count:
Must be no more than 100 words.

**Please upload a copy of your most recent annual accounts or audited annual accounts** *
Attach a file:

**(Optional) Please upload a copy of your most recent Annual Report.**
Attach a file:

**(Optional) please upload letters of support**
Attach a file:

## Certification and Feedback

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## Certification

I confirm that the information in the Application Form about our organisation and the project that the funds will be applied to is true and correct.

I understand that:

- Any personal information about individuals provided in this application will be used only to assist with the administration and assessment of your application.
- The information provided is restricted to the Auckland Airport Community Trust Trustees, other parties that may need to be consulted, officers of, and people contracted to act on behalf of the Auckland Airport Community Trust.
- Names of organisations receiving funding from the Auckland Airport Community Trust will appear in the Trust's Annual Report and may appear in publicity material. You are entitled to access the information and correct it.

We acknowledge that the Auckland Airport Community Trust may seek additional information from our organisation in order to assess our application and we confirm that we will supply this information in an accurate and timely manner.

We acknowledge that the decision of the Auckland Airport Community Trust to award grants is final, that no reasons for a decision will be given and that no correspondence will be entered into.

We acknowledge that if our application is successful we will be required to sign a declaration:

- Committing funds only to this project
- Committing to the repayment of any funds not used for the project back to the Auckland Airport Community Trust
- Agreeing to provide an accountability report as outlined on the grant agreement

**I agree** *

☐ Yes

**Name of authorised person** *

Title | First Name | Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

**Position** *

Position held in applicant organisation (e.g. CEO, Treasurer)

**Phone number** *

We may contact you to verify that this application is authorised by the applicant organisation

**Email** *

Must be an email address.

## Applicant Feedback

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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?**

Estimate in minutes i.e. 1 hour = 60

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