



## Community Resilience Fund Phase 2

### APPLICATION FORM

### Eligibility

If your organisation's main purpose (Q1), or your organisation type (Q3) is not in the drop down boxes, then you are not eligible for the Community Resilience Fund Phase 2.

**Q1. What is your organisation's main purpose? \***

**!** This field is required.

**Q2. Please describe how your organisation gets people physically active through play, active recreation or sport \***

**Q3. What type of organisation are you? If you are more than one, just select one. \***

**Q4. What is your Incorporated Society Number or New Zealand Business Number (NZBN)? We will look these up on <https://www.nzbn.govt.nz/>**

### Applicant Details

**Q5. Name of person applying \***

First Name

Last Name

**Organisation Name \***

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Role in the Organisation \***

**Email \***

example@example.com

**Phone Number \***

Area Code

Phone Number

**Q6. I authorise my contact details to be added to Sport NZ's and the RST's contact lists. (Your answer will have no impact on the assessment of your application.) \***

- Yes add me to Sport NZ's contact list
- Yes add me to my Regional Sports Trusts contact list
- No I don't want to be added to any contact list

**Q7. If you're affiliated to a Sport NZ partner please select the organisation from the list. If you are not affiliated to a Sport NZ partner, or you're a Sports Hub, please select Other.**

**Q8. How many annual members or participants does your organisation have? \***

**Q9. Are your members or participants individual people or organisations? \***

- Individuals
- Organisations

## Organisation's GST and Bank Account Details

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**Q10. Is your organisation registered for GST? \***

- Yes  
 No

**Q11. What is your organisations GST Number?**

**Q12. What is your organisations bank account name? \***

**Q13. What is your organisations bank account number? \***

**Q14. Please attach a photo or screenshot of your latest bank statement, with the bank account name and number clearly shown. \***

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**Q15. Are you applying for more than \$5,000? \***

- Yes  
 No

## Application for funds

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**Q15. How much income (\$) will your organisation lose this year as a result of Covid-19? (We know this will be an estimate. Please simply provide your best estimate, thinking about revenue lost in the 12 months from 1 April 2020.) \***

**Q16. Please describe your financial hardship as a result of Covid-19 \***

**Q17. What changes have you made to manage the impact of Covid-19? Describe decisions, actions, when they were taken, and the result. For example, outcome if you applied for the Government wage subsidy, what costs you have already reduced, how you have already used or are planning to use available cash reserves \***

**Q18. Costs you are applying for – list each cost and amount. E.g. “Actual Electricity bills July to August \$xx”, “Pro-rated insurance bill for three months”. Note that we will cover fixed administration and operating costs for the period 1 July to 30 September 2020, affiliation fees that are payable in the period 1 April to 30 September 2020, and up to three months’ worth (pro-rated) of audit and insurance costs, only. These amounts may be from actual bills received already, or estimated costs (except affiliation fees). If your costs are pro-rated, please tick the Pro-rated? box. \***

	Description of Cost	Amount (\$)	Pro-rated?
Cost 1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 7	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 8	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost			

10	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 11	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 12	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 13	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 14	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cost 15	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**Q19. Do these costs include GST? \***

- Yes  
 No

**Q20. Please tell us the value (\$) of your organisation's reserves or savings, that have not been committed or intended for other use. \***

**Q21. Please attach a copy of your latest audited financial statements. These must be no more than 18 months old i.e. the end date of the financial statements must not be earlier than January 2019. \***

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## Conditions of Application

**I confirm that I am authorised to submit this application on behalf of the organisation, and that our directors and/or trustees and/or treasurer are aware of and support this submission. \***

- Yes  
 No

**I confirm that information in this application is correct, and that any amount we receive as a result of this application will be used as specified in our application form. \***

- Yes  
 No

**I acknowledge that Sport NZ has the right to audit the information provided in this application and the use of any funds granted. I will provide full cooperation in the event of such an audit being undertaken. \***

- Yes  
 No

**I note the "Protecting your information" section of the "Sport NZ Community Resilience Fund Phase 2 Guidelines". We authorise Sport NZ to make such enquiries as it deems fit in considering the application (including banking details) and we accept and agree that details of any grant Sport NZ makes to our organisation may be made public. \***

- Yes
- No



Submit

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