

Information for Applicants

Purpose of Community Development Fund

The Community Development Fund is designed to encourage community leadership of local solutions. This fund supports community and voluntary organisation's whose outcomes directly contribute to the Community Development Strategy's vision of "Our District offers a high quality of life for all residents" as well as supporting the following outcomes:

- We are connected and inclusive - our strength is in the diversity of our people and our heritage
- We are actively engaged - our people are empowered to strengthen and influence their communities
- We prepare for tomorrow today - our natural, physical and social environment is safe, sustainable and resilient
- We are lifelong learners - our people gain and share knowledge and understanding as they progress through life

The Community Development Fund will support grassroots initiatives that align well with the above outcomes and can deliver on more than one of the following Community Development Strategy goals:

- We are a welcoming community
- Everyone has a sense of belonging and are proud of where they live
- We value who we are and where we have come from
- We have creative, cultural and recreational participation in our communities
- We work together to make our whānau and communities better
- Tāngata whenua are visible
- Community success is enabled by quality infrastructure, services and technology
- Our people and communities feel safe
- We are guardians (kaitiakitanga) of the natural environment
- Our people have learning opportunities that enhance their life choices
- We encourage and enable people to shape their future
- Our people share their skills and experience with others

Criteria

Criteria

Those applying for Community Development funding will need to be able to demonstrate that they are either:

- A not for profit organisation based in the Manawatu District; or
- A legally incorporated society or charitable trust that is registered with the Charities Commission; or

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- A partnership or not for profit and/or a legally incorporated society or charitable trust for the delivery of services or a project, and that they have the appropriate organisational structure and demonstrated financial ability to deliver on the service or project.

Priority will be given to:

- Activities that contribute to achieving more than one of the above key outcomes and goals
- Viability of the proposed service or activity including history of organisation's capability and capacity of project delivery with demonstrable community benefit clearly evident
- The management/governance structure of the organisation and its financial requirements are appropriately met relative to the size and complexity of the organisation
- Legal status of organisation
- Initiatives that strengthen participation across diverse communities
- Collaborative approaches operating across more than one organisation which enhances connections with existing and emerging networks and activities eg community, arts, cultures, environmental
- Initiatives that grow community leadership
- Compliance with previous reporting requirements

Funding awarded by Manawatū District Council is for projects and initiatives that take place within the boundaries of our district, unless it is accessible and has demonstrated benefit to Manawatū residents. Please [click here](#) to access a map defining these boundaries for funding purposes.

Applications are for services or projects that occur on and after 1st of July 2026 and will offer funding for a two-year period finishing on 30th June 2028.

What can and cannot be funded?

The Community Development Fund will fund a wide range of costs integral to service delivery including:

- Salaries
- Training and development
- Administration and office expenses
- Insurance and audit
- Rent and utilities
- Promotion and materials
- Small capital items

However, it will not fund:

- Reducing debt servicing
- Legal expenses
- Medical expenses
- Maintenance of equipment or facilities
- Public services that are the responsibility of central government
- Retrospective funding of services or projects

Eligibility

* indicates a required field

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

Program

This field is read only.

Application Number

This field is read only.

Applicants: please note

Before completing this application form, you should have read the given 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 crucial 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 **community.development@mdc.govt.nz**

Confirmation of Eligibility

I confirm that the applicant:

- has read and understands the criteria and guidelines for this fund;
- is able to demonstrate alignment between their project and the aims of this fund;
- is either a not for profit organisation based in the Manawatū District; or a legally incorporated society **or** charitable trust that is registered with the Charities Commission **or** a partnership or not for profit and/or a legally incorporated society or charitable trust for the delivery of services or a project, and that they have the appropriate organisational structure and demonstrated financial ability to deliver on the service or project.
- is located in (and/or supplies services to) the area administered by Manawatū District Council;
- is able to demonstrate financial viability
- does not owe any reports or money to Manawatū District 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.

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Please select below: *

- Yes No

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

Privacy Notice

Please view our Privacy statement here. [Privacy | Manawatū District Council](#). This outlines how and why Council collects and stores your personal information, what we use it for and who we can share it with.

I have read the statement and agreed to its terms. *

- Yes
 No

Conflict of Interest

These must be declared, whether actual, potential or perceived. Council officers and Elected Members involved in the funding process are also required to declare these

Do you have any Manawatū District Council Staff or Elected Members in your organisation? *

- Yes
 No

If yes, please provide more details about this.

Are you aware of any other conflicts which may influence your application? *

- Yes
 No

If yes, please provide more details about this.

Organisation Details

* indicates a required field

Applicant Details

Organisation *

Organisation Name

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

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Organisation primary address

Address

Organisation postal address

Address

Organisation primary phone number *

Organisation email address *

Must be an email address.

Organisation website

Must be a URL.

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 primary phone number *

Primary contact email address *

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

Organisation Details

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* indicates a required field

What is your organisation's purpose or mission? *

Does your organisation have an CRN? *

- Yes No

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? *

- Incorporated association
 Organisation established through specific legislation
 Trust
 Unknown
 Other:

Bank Account Details *

Account Name

Account Number

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Must be a valid New Zealand bank account format.

GST Number

Please provide your GST number if registered

Project Details

* indicates a required field

Project title: *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Project Timing

Anticipated start date *

If unknown, provide your best guess or leave blank

Anticipated end date *

If unknown, provide your best guess or leave blank

Please provide a short summary of your project *

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).

Benefactors

Please identify the communities that your initiative will benefit *

- Māori
- Pasifika
- Ethnic communities
- People with disabilities
- Children and young people
- Older people
- Rainbow communities
- Other:

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Please tick which communities will benefit by your project

Results Based Accountability RBA

The next four questions will enable Council to determine its level of investment if the funding application for the proposed program/project is successful, utilising the Results Based Accountability concept for measuring performance ie how much did we do (effort), how well did we do it (quality of effort) and is anyone better off (effect).

How much?

In Results Based Accountability the first question we ask is 'How much?'

Could you please list here the measures that you will be reporting on throughout your project and also a target.

i.e. Number of clients that received the service based in the Manawatū rating district.

i.e. Number of exercise classes delivered in the Manawatū rating district.

i.e. Number of volunteers in the Manawatū rating district.

What will you measure?

What is the estimated total for your project?

One per row. Add more rows if you want to list additional activities.	Must be a number.

How well?

In Results Based Accountability the second question we ask is 'How well?'

This normally involves asking the client through a survey how satisfied they are with a service or product. This survey would usually have a satisfaction scale ranging from very satisfied to highly unsatisfied.

We have added questions below for you to put targets against.

Measure

What is an estimated total for your project?

One per row. Add more rows if you want to list additional metrics.	Identify a target for the metric you have chosen - an estimated total for your project. Must be a number.
Number of clients answered the 'client satisfaction' question in the survey	
Of those clients who responded to the 'client satisfaction' question, how many of them said they were highly satisfied or satisfied with the programme/service they received?	

Is anyone Better off?

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Please select the **outcomes** that you will report on. **You must select at least three different outcomes.**

Click on the outcome in bold you wish to select. For each of the outcomes you select a drop down list giving further options to qualify your outcome will appear. Choose **one** of these for each outcome.

Which of our outcomes will your project contribute to? If multiple apply pick the most relevant. No more than 1 choice may be selected.

Is anyone Better off?

For each outcome you selected earlier, you must choose **two outcome measures.**

How to do this:

- In the **“Outcome Measures”** section, find and click on the outcome you selected earlier (it will appear in **bold**).
 - Example: *We are a welcoming community*
- From the list of questions, choose: **“How many people answered the ‘welcoming community’ question in the survey?”**
- In the next **Outcome Measures** box, select the **same outcome again** (e.g. *We are a welcoming community*).
- This time, choose the question: **“Of those who responded to the ‘welcoming community’ question, how many agree or strongly agree that the project/ event contributed to a welcoming and inclusive community?”**
- Enter the **estimated numbers** for your project or event.
- Please do this for all the outcomes you selected.

Please [click here](#) for an example of how this might look. This needs to be completed for each of your chosen outcomes.

Outcome Measures

What is an estimated total for your project?

Which of our metrics (if any) will you track? You may be required to report on your progress. Add more rows if you want to list additional metrics. No more than 1 choice may be selected.	Identify a target for the metric you have chosen - an estimated total for your project. Must be a number.

Financial Information

* indicates a required field

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Total Amount Requested

*

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

Total Project/Program Cost

*

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

Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

Use the 'Notes' column for any additional information you think we should be aware of.

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

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	
			\$	
			\$	
			\$	

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	
		\$	

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 any quotes that you may have received to support expenditure

Attach a file:

**What other inputs will you need in order Confirmed?
to successfully carry out this project?**

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

Applicant Capacity

* indicates a required field

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

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

Please provide a link to or attach a copy of your most recent Annual Report.

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

Upload files

Attach a file:

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or

Provide web link:

Must be a URL

Supporting Information

Attach a file:

Please upload any additional supporting information that will assist in assessing your application eg letters of support, results of previous surveys of benefactors

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.

I agree *

Yes

No

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 *

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.

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.