Flourishing Communities Fund up to $20,000 2026
Form Preview

Eligibility

* indicates a required field

Confirmation of Eligibility

I confirm that:

- I have read and understood Ahu Community Trust's Grants Policy
- My organisation is a formally run not-for-profit which meets the relevant eligibility criteria
- I am applying for a project or programme that meets the relevant eligibility criteria and benefits the people of Mid Canterbury and/or South Canterbury
- I am submitting this application into the appropriate round (Helping Hand for up to $5,000, the General or Flourishing Communities Funds, both up to $20,000 for operating or capital costs or a combination of the two).

*

○ Yes ○ No

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

Your response to the question in Section 1 indicates that your organisation or your project may be ineligible for Ahu Community Trust funding.

Please contact the Grants Manager Freephone: 0800 672287 or by email: Grants@ahu.nz

Organisation Details

* indicates a required field

Organisation Status

Check the category or categories which best describe your organisation *

☐ Charitable Trust
☐ Incorporated Society
☐ Marae
☐ Other:

Registration detail

Applicant NZ Charity Registration Number (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.

Type of Activity

Which classification does your organisation best fit into ? *

- ☐ Community Health & Welfare
- ☐ Sport & Recreation
- ☐ Culture & Heritage
- ☐ Education
- ☐ Youth Activities
- ☐ Environmental

Location

Main district where your organisation operates *

- ○ Ashburton
- ○ Mackenzie
- ○ Timaru/ Pleasant Point
- ○ Waimate
- ○ All Districts

Choose 1 only

Community alignment

This fund is aimed at marginalised and traditionally disadvantaged communities. Please indicate which group you PRIMARILY identify with or serve. Please select only TARGETED communities. It is assumed that the wider community may also benefit from your activities. *

- ☐ Māori
- ☐ Pasifika
- ☐ Migrants / Refugees
- ☐ Rainbow/LGBTIQA
- ☐ Disability
- ☐ Neurodiverse
- ☐ Rural/isolated
- ☐ Other

At least 1 choice must be selected.

Organisation Overview

Tell us about who your organisation is and what you do. You can include information about things you're proud of and things you've done. *

Word count:

What are you doing that is different from anyone else in the area, or improves what is already offered? *

Project, Programme or Event Details

* indicates a required field

Project, programme or event title: *

Provide a name for your project or programme. Your title should be short but descriptive

Project, Programme or Event Timing: Please note that projects that are completed prior to the Application Consideration date (i.e. the date of the Community Trust meeting for the Round) are deemed "retrospective" and ineligible for funding. Application deadline and consideration dates can be viewed HERE

Anticipated start date *

If unknown, provide your best guess or leave blank

Anticipated end date *

If unknown, provide your best guess or leave blank

Total Project/Programme Cost *

$

Must be a dollar amount.
Currency only

Total Amount Requested *

$

What is the total financial support you are requesting in this application? For multi-year applications this is the combined amount over all years for which funding is sought.

Tell us what you want the funding for. Our vision is Flourishing and Sustainable Communities, with opportunities created and barriers overcome - tell us how getting funding from us will contribute to that *

Project Costs

Please supply comparable quotes to support your project costs.

Expenditure - List all the eligible costs for this project.

Confirmed Income - How will your group contribute financially to the project? e.g. Sponsorship, Fees/Subscriptions, Fundraising, Loan/mortgage/debenture, Bank savings, Grants (successful or proposed), other

Confirmed Income/Other Grants	**$**	**Expenditure**	**$**
(How you plan to fund the project)		(Project Costs)	
Unconfirmed Income/ Other grants	$		$
Plus contribution for own funds	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$

Total income of the project:
$
This number/amount is calculated.

Total cost of the project:
$
This number/amount is calculated.

Surplus/Deficit
$
This number/amount is calculated.

How will you fund any shortfall

If there is a deficit, please explain how this will be funded.

Project Benefits

* indicates a required field

Benefits

Who will implement this project or programme? *
☐ Staff
☐ Contractors
☐ Volunteers
Select all that apply

Who is going to benefit from the project (or programme / event) Help us to understand how this funding will improve outcomes for your target group. Please give us membership, client or participant numbers (or estimates) to help us see how the funding will meet one or more of our goals of flourishing and sustainable communities, creating opportunities or overcoming barriers. *

Evidence of community support

Our funding is dedicated to the Mid and South Canterbury Region between the Rakaia and Waitaki Rivers and out to the mountains; show us that this initiative is supported by and will benefit groups / individuals in this Region (e.g. letters, photos, statistics, equipment/facilities, pro-bono or in-kind support offered etc) It is really important that you show us specifically how this funding would benefit communities in our area. For environmental projects / programmes please attach appropriate evidence indicating the need for your initiative *
Attach a file:

A maximum of 10 files may be attached.
A maximum of 10 files can be attached

Project Budget and Contributions

* indicates a required field

Have you applied to any other organisation for funding for the SAME purpose?
☐ Yes
☐ No
If so, please include details in your budget

Are You Applying for Multi-Year Funding ? *
☐ Yes ☐ No

Multi-Year Application (If Applicable)

If you are considering an application for multi-year funding please contact the Grants Manager to discuss.

I have contacted the Grants Manager to discuss my application for multi year funding *
○ Yes ○ No

Amount Requested Year 1
$
Must be a dollar amount.
What is the amount (in dollars only) of the total requested funds committed in the first year?

Amount Requested Year 2
$
Must be a dollar amount.
What is the amount (in dollars only) of the total requested funds committed in the second year?

Amount Requested Year 3
$
Must be a dollar amount.
What is the amount (in dollars only) of the total requested funds committed in the third year?

Budget information

Please upload your project budget and/or your operating budget as relevant. Please note the following:

- Your project budget should include forecast income (including the grant applied for here and details of other funding that you have applied for and whether it has been confirmed or not) as well as forecast expenditure.
- Provide clear descriptions for each budget item. Examples of income could include 'council community grant', 'fundraising ', 'sponsorship'. Examples of expenses could include 'capital item purchases', 'wages', 'power', 'office supplies', 'part-time staff member x 40 hours'.
- Your budget (project and/or operating) should be specific to our funding area. If you are a regional or a national organisation you will need to provide a local breakdown (see our Grants Policy at 8.4).
- All amounts should be GST exclusive if your organisation is regestered for GST or GST inclusive if your organisation is not registered for GST.

Please upload your project and/or operating budgets *
Attach a file:

Is your organisation registered for GST? *
○ Yes
○ No

Evidence of forecast expenditure - quotes, contracts, actuals

Attach competitive quotes for goods/services (minimum 2) or contracts (for staff) as relevant to your project or programme costs. For operational funding requests your best evidence of forecast expenditure will often be your actuals from last year. *
Attach a file:

Attach an explanation if only one quotation is available

Your contribution and commitment

Describe your group's contribution and commitment to your project or programme. Include any financial details, related fundraising, volunteer hours, as well as relevant volunteer numbers and activities. *

Organisation Finances

* indicates a required field

Annual Report & Financial Statements - upload or link

Please attach a pdf copy of your most recent Annual Report and/or Annual Financial Statements.

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

Upload files *

Attach a file:

Files should be no larger than 5Mb each

If you have considerable reserves or have returned a considerable surplus please explain the financial need for a grant from Ahu Community Trust *

Latest bank statements - upload

Please upload your most recent bank statement for each of your working/general accounts. Statements are not required for investment accounts. *
Attach a file:

Multiple pdf uploads possible, files should be no larger than 5Mb

Please describe the amount and purpose of any committed funds *

Pre-printed bank deposit slip or bank verification- upload

Please upload a pdf copy of a bank deposit slip or bank statement confirming the account name & account number for verification purposes.
Attach a file:

Bank deposit details

To ensure smooth integration with our Xero software for payments please take care when entering your account name and number in the boxes below and follow the prompts provided.

Organisation's Bank Account Name *

This is the bank account name that appears on your bank coded deposit slip or verified account details.

Applicant Bank Account NUMBER *

Bank Account Number goes here: DOUBLE CHECK that this is the same bank account number that appears on your bank statement or verified account details. Your bank account number needs to include:BANK (2digits) BRANCH NUMBER (4 digits) ACCOUNT NUMBER (7 digits) SUFFIX (2 or 3 digits). Please do not use any hyphens or spaces when entering your account number

Verified minutes - upload

Please upload a pdf copy of the verified minutes which include an explicit resolution to apply for funding from Ahu Community Trust stating the purpose and amount for which your organisation makes this application. *
Attach a file:

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection as prescribed under the Privacy Act 1993.

- Any personal information about individuals you provide will be used only to assist in the administration of your application (assessment and reporting)
- The information you provide is restricted to Ahu Community Trust and staff, other parties that may need to be consulted, officers of, and people contracted to act on behalf of Ahu Community Trust
- Names of recipient organisations, the project description, and the amount of any grant will appear in Ahu Community Trust 's Annual Report and relevant publicity material
- We welcome the assistance of grant recipients in providing publicity material (information and images) which the Community Trust will use with your permission

Do we have your permission to also share your application details with other local funders? *

☐ Yes ☐ No

Ahu Community Trust collaborates with other local funders. We may at times have the opportunity to mention your initiative to another funder where there appears to be strong alignment of purpose. The Community Trust will only share your information in these circumstances with your permission.

Applicant Organisation Details

Applicant organisation name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the NZ Registrar of Societies or NZ Charities Commission.

Department / Branch / Faculty

Use this field only if relevant

Primary (physical) address *

Address

Suburb | Town/ City | Postcode

Must be a New Zealand postcode.
If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

Postal address (if different to above)

Address

Suburb | Town/ City | Postcode

Must be a New Zealand postcode.

Applicant website

Must be a URL

Primary contact person *

First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Back-up phone number

Primary contact person's email address *

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

Declaration and Feedback

* indicates a required field

Declaration

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 declare that:

- **I am authorised to make this declaration.**
- **To the best of my knowledge all key information has been disclosed, and all information in the application is true and correct.**
- **On receipt of a grant, it will be used for the project for which it was approved, and the organisation will comply with the terms and conditions of the grant as outlined in the letter of approval.**
- **The organisation will comply with any reasonable request from Ahu Community Trust to monitor performance and accountability.**

I agree * ○ Yes ○ No

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Name of authorised person *

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

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

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