# Kanorau Koiora Taketake Indigenous Biodiversity Community Grant Application Form



Please read the Horizons Regional Council Kanorau Koiora Taketake - Indigenous Biodiversity Community Grant Guidelines carefully before completing this form. It contains important information on eligibility requirements and details of how your application will be assessed.

The completed, signed copy of this application form and one additional document (max 5 pages) as part of your application is to be submitted by **email to communications@horizons.govt.nz by 1pm on Monday 9 May 2022.** 

#### **Any Questions?**

If you have any questions about this form or would like to discuss your application, please contact the Biodiversity Coordinator – freephone **0508 800 800**.

Please Note: If you need additional space for any of your answers, please use the sheet provided at the back of the form.

PROJECT SUMMARY					
Name of the individual	or community grou	0:			
Project title:		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •
Project summary: (Briefly	ly summarise your proje	ct (max. 500 characters.)			
Primary focus area: (Sele	ect <b>one</b> only)				
Predator control	Habitat re	storation	Threatened species	Other (please specify	<i>(</i> )
		select the district where	most of the work will take place	. Please note only projects with	nin the Horizons
Region are eligible to apply	for funding.				
Waitomo	Stratford	Ruapehu	Taupō	Whanganui	
Rangitīkei	Manawatū	Horowhenua	Palmerston North	City Tararua	
How many years are yo	u seeking funding fo	or?			
1 year 2 y	ears 3 years				



the	w much funding are yo Kanorau Koiora Taketa lusive of GST if you/your gr	ike Indigenous Biodi			\$
	What is the total cost of the project? (Exclusive of GST if you/your group is GST registered, inclusive of GST if not registered.)			\$	
SEC	CTION B: APPLICANT	DETAILS			
Leg	al entity status: Incorporated Society	, Charitable	e Trust	Ahu Whenua Trust	Other (please specify)
	Family Trust	Company		Individual	
Pos	tal address:				
Wel	bsite/Facebook page (if	f applicable)			
	mary contact me of contact person: .				
Pos	ition (in group):				
Pho	one number:				
Ema	ail address:				
Sec	ondary contact				
Nar	me of contact person: .				
Pos	ition (in group):				
Pho	one number:				
Ema	ail address:				
SEC	CTION C: PROJECT LO	CATION AND LAN	D STATUS		
Project location:					
C:	Size of project site in hectares:				
	nd ownership:	ares:			

**SECTION A: PROJECT SUMMARY CONT.** 

Current legal protection:  Does any part of the site have legal protection, e.g. QEII Trust Covenant or similar? If so, please describe.
List the property owner(s) and whether they have agreed to the proposed project being undertaken on their land:
Written authorisation from the landowner will be required for all work undertaken. If the land is public land, or by private landowners, written authorisation from the land manager/authorised representative will be required before a Deed of Grant can be signed. This must include confirmation that they are complying with their duties and obligations under the Health and Safety at Work Act 2015 in respect to you working on the land they manage.
SECTION D: PROJECT DETAILS
What activities are you proposing and how will this contribute to improving New Zealand's indigenous biodiversity?  What outcomes are you seeking to achieve? E.g. improved ecosystem health, increased populations of a species.
Is this project part of a larger, ongoing programme?  If yes, briefly explain the linkages between this project and the overarching programme  YES  NO

**SECTION C: PROJECT LOCATION AND LAND STATUS** 

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SECTION D: PROJECT DETAILS			
Will you be undertaking any monitoring and evaluation as part of the project?  If yes, describe what monitoring or evaluation activity will be undertaken and when.	YES	NO	
Describe how the biodiversity benefits of the project will be maintained after the project is completed. Provide details of any ongoing maintenance or monitoring activities and who will complete these.	YES	NO	
Does your project incorporate Mātauranga Māori and/or Te Ao Māori?  If yes, describe how	YES	NO	
Provide details of partner organisations or individuals and how they will contribute to the delivery of the pro E.g. iwi/hapū, other community groups, local council, volunteer labour/expertise, equipment or donated materials that will directly described by the properties of the pro		he project).	
Are any permits, permissions, licenses or consents required to deliver your project?  If 'yes', what are these and when do you expect to obtain them?			
$Note that {\it if you are successful, funding is conditional upon all required permissions/approvals being in place prior to a Deed of the prior of $	Grant being s	igned.	



SECTION E: EXPERIENCE AND CAPABILITY
Briefly outline the experience held by you/your organisation relevant to the delivery of this project.  You should be able to demonstrate the necessary skills, experience and technical expertise to successfully plan, manage and deliver the project.
Please identify an additional skills or experience that may be needed to make this project a success.  YES  NO

Do you currently have a Health and Safety Plan to support the safe delivery of the proposed activities?

 $If you don't have one currently and your application is successful, Horizons \ can provide \ a \ template for you to \ create one.$ 

If yes, state when this was last reviewed/updated.

It is important that you have the necessary health and safety policies, resources, and expertise to safely undertake and complete the project.

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#### **SECTION F: PROJECT OBJECTIVES**

This section gives you an opportunity to state the overarching project objectives; these must be **SMART (Specific, Measurable, Achievable, Realistic and Timely**). If your application is successful, the objectives will be included in your Deed of Grant and reported on as part of your progress report.

## Objectives for the project

List objectives that must be achievable within the funded period (we suggest 1-3 objectives).

#### **Examples:**

- Establish a trap network in the 15-ha project area by the end of year 1.
- Achieve and maintain a residual trap-catch (RTC) of less than 5% for possums within the project boundary by the end of the project.
- Complete a survey of long-tailed bats (pekapeka)



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#### **SECTION G: RESOURCES REQUIRED AND ESTIMATED BUDGET**

This section gives you an opportunity to provide a breakdown of the main activities that will be completed during your project and the total estimated budget (cash costs). You should provide enough information for the assessment panel to understand how the requested funding will be used. The assessment panel will use this information to determine whether the proposed costs are reasonable and realistic for the activities proposed.

If you are including costs for labour, include the estimated number of hours/days and rates or salary. Where possible, activities should be listed in chronological order.

#### Are you GST registered?

Please use GST exclusive costs if you/your group is GST registered and GST inclusive costs if not registered.

YES NO

YEAR 1			
Activities List the main activities that will lead to the successful completion of your project.	Resources List the resources required to complete the activity.	Total estimated cost	Funding requested
Example:	Example:	Example:	Example:
Purchase traps Build trap boxes Install trap network and monitor	300 rat traps @ \$50 each Wood, nails, screws Contractors engaged for 300 hours @ \$45/hr	\$15,000 \$2,000 \$13,500	\$15,000 \$ - \$13,500
Volunteer and in-kind contribut	ions		
Example:	Example:	Example:	Example:
Volunteers to check traps Wood for traps	Labour for 100 hours @ \$X/hr Donated wood	\$XXX \$500	\$ 0.00 \$ 0.00
	Project costs year 1	\$	\$

## **SECTION G: RESOURCES REQUIRED AND ESTIMATED BUDGET**

YEAR 2 (If applicable)				
Activities	Resources	Total estimated cost	Funding requested	
Volunteer and in-kind contribut	ions			
	Project costs year 2	\$	\$	
YEAR 3 (If applicable)				
YEAR 3 (If applicable) Activities	Resources	Total estimated cost	Funding requested	
	Resources	Total estimated cost	Funding requested	
	Resources	Total estimated cost	Funding requested	
	Resources	Total estimated cost	Funding requested	
	Resources	Total estimated cost	Funding requested	
	Resources	Total estimated cost	Funding requested	
	Resources	Total estimated cost	Funding requested	
	Resources	Total estimated cost	Funding requested	
		Total estimated cost	Funding requested	
Activities		Total estimated cost	Funding requested	
Activities		Total estimated cost	Funding requested	
Activities		Total estimated cost	Funding requested	
Activities		Total estimated cost	Funding requested	

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## **SECTION G: RESOURCES REQUIRED AND ESTIMATED BUDGET**

Total pr	\$	
Has any funding been secured from other sources? Please confirm the other sources and their contribution to the total	Funding source List all funding sources.	Contribution (\$)
project cost.		

0	CECTIO	AN H.	DECL	ADATION

By submitting your application, you agree to the statements noted below:				
I declare that to the best of my knowledge, the information contained in all sections of this application form or supplied by us in support of our application is complete, true and correct.				
I declare that I have the authority to sign this application form and to provide this information.				
I declare that this application is not being made by a legal entity that is in receivership or liquidation, or by an undischarged bankrupt.				
I understand that any information presented Horizons Regional Council is subject to disclosure under the Official Information Act 1982, other legislation, and court orders.				
I understand that a site visit may be required to validate the project objectives prior to the applications consideration for funding approval.				
I understand that a Health and Safety Plan for the project must be in place before a Deed of Grant will be signed.				
I understand that if the project involves activities on public conservation land, work authorisation will be required in writing from the Department of Conservation or other agency responsible for the land before a Deed of Grant will be signed.				
I understand that if the application is approved, the project cannot commence until a Deed of Grant has been signed by the grantee and countersigned by Horizons Regional Council. Note: We cannot reimburse any costs incurred before a Deed of Grant is signed by both parties.				
I understand that in order to receive funds I must provide a valid bank account number in the name of the applicant/ or community group and until this is verified I will not be able to claim any funding.				
I understand that if the application is successful, a Deed of Grant is required to be signed no later than 1 November 2022 which will outline the reporting requirements, grant amount and obligations prior to any funds being available.				
Name:(By typing your name in the space provided you are electronically signing this application)				
Organisation:				
Title / Position:				
Signature of applicant				

# **SECTION H: FINAL CHECKLIST**

Use the following checklist to confirm that you have provided all the required information in your application.	
I have read the Kanorau Koiora Taketake   Indigenous Biodiversity Community Grant Guidelines and confirm that the proposed project meets the fund's eligibility criteria.	
I have completed all sections of this application form as accurately as possible. Incomplete applications may not be considered for funding.	
I have checked that my budget is correct and adds up to the amount I am requesting funding for.	
I have added my project to the Predator Free NZ National Map (if applicable) see https://predatorfreenz.org/tools-resources/national-map/	
I have provided and included an additional document of no more than 5 pages in support of my application (if applicable).	
I will submit the application form, project, budget and any supporting information as a single email to communications@horizons.govt.nz no later than 1pm on Monday 9 May 2022 and accept late applications will not be accepted.	

ADDITIONAL INFORMATION	