

## Organisation Details

\* indicates a required field

### Organisation Details

**Main Project Contact \***

First Name

Last Name

**Group/Organisation Name \***

If an individual, please enter the name of the project lead.

**Main Contact Phone Number \***

Must be a New Zealand phone number.

**Primary Address \***

Address

Address Line 1, Suburb, and Town/City are required.

**Main Contact Email \***

Must be an email address.

**NZ Charity Registration Number (CRN) (if applicable)**

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                                        |

# 2026/2027 City Vibrancy Application R2 (1 January to 30th June 2027)

## Form Preview

Email

Website

Date Registered

Must be formatted correctly.

### NZ Business Registration Number (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.

### Is your organisation currently compliant with all legal entity requirements, including completion of any reregistration obligations under the Incorporated Societies Act 2022? \*

- ☐ Yes  
☐ No

If your organisation is not a legal entity, you are not eligible to apply for this grant.\*

### What is the primary legal status of your organisation? \*

- ☐ Incorporated Society  
☐ Charitable Trust  
☐ Commercial Entity  
☐ Unincorporated  
☐ Company  
☐ Charitable Company  
☐ Industrial & Provident Society / Co-operative  
☐ Trustee Corporation  
☐ Māori Trust Board  
☐ Other

Only 1 option can be selected.

### Please list any previous HDC funding your organisation has successfully received in the last 3 years. \*

## Project Overview

\* indicates a required field

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### Project Details

**Project Title \*****Is this application for a new project? \***

☐ Yes

☐ No

Please select 'no' if this event has run successfully previously.

**Brief Project Description \***

Word count:

Must be no more than 45 words.

**Please provide a detailed description of the proposed project, including timelines and relevant persons involved. \***

Provide a description and explain the activities you are planning

**Start Date of project \***

Must be a date and no earlier than 1/1/2027.

**End Date \***

Must be a date and no later than 30/6/2027.

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

No more than 5 choices may be selected.

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/program? \***

No more than 5 choices may be selected.

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

**Please provide a short description of your experience and success with previous projects and activations \***

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New initiatives are welcome, and limited experience won't count against you, but applicants should show relevant skills or a clear plan.

### Please provide any documents that would support your project

Attach a file:

Photographs, sketches, design documents etc.

### Which public spaces do you plan on utilising for your project \*

- ☐ Albert Square
- ☐ City Centre Mall
- ☐ Civic Square
- ☐ Landmarks Square
- ☐ Warren Street Car Park
- ☐ 300 West Heretaunga Street Laneway
- ☐ Other:

Please note: Vibrancy Fund projects must take place within the Hastings CBD.

If you intend to use a Hastings District Council park, facility or public space for your event you will need to book the space. To secure the space we advise you book the space as soon as possible and at least one month prior to your event.

### Please build these costs into your budget.

Fees and charges may apply: [Fees and Charges](#)

Book a park or open space: [book a space](#)

### Do you already have an approved booking for this space from Hastings District Council \*

- ☐ Yes
- ☐ No

### Is this event free to attend? \*

- ☐ Yes
- ☐ No

### If this is not a free event, what will the cost be to the public?

Events or activities that are not free to the public may incur a park or open space fee. Please refer to the HDC Parks Booking Form for current pricing, and include any applicable fees in your project budget. <https://www.hastingsdc.govt.nz/our-council/fees-and-costs/>

## Local Priorities

Preference will be given to applications that align to the Hastings District Council Toi-Tu Arts Strategy. The Toi-Tu Arts Strategy was developed to support and grow Hastings thriving arts sector by providing direction and leadership.

The Toi-Tu Arts Strategy can be found online [here](#):

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### Does your Project respond to Toi-tu? \*

- ☐ Does it express identity of this region, its people and places?
- ☐ Can it gain positive regional, national international profile?
- ☐ Does it foster inter-cultural exchange?
- ☐ Does it offer opportunities for cultural connection?
- ☐ Have potential barriers to participation in it been addressed?
- ☐ Does it encourage community inclusion?
- ☐ Does it celebrate cultural diversity?
- ☐ Does it support creative sector employment and enterprise?
- ☐ Are visitor experiences of the region enhanced by it?
- ☐ Does it contribute to environmental awareness?
- ☐ Does it contribute to a sense of place?
- ☐ Does it exhibit and foster environmental responsibility in practice?

### Briefly explain how your project fits with your chosen Toi-Tu outcome(s) \*

## Financial Information

\* indicates a required field

### Financial Viability Disclosure

#### Has your organisation ever been placed into liquidation, receivership, or bankruptcy? \*

- ☐ Yes
- ☐ No

### Project Budget

| Income | \$ | Expenditure | \$ |
|--------|----|-------------|----|
|        | \$ |             | \$ |
|        | \$ |             | \$ |
|        | \$ |             | \$ |
|        | \$ |             | \$ |
|        | \$ |             | \$ |
|        | \$ |             | \$ |
|        | \$ |             | \$ |
|        | \$ |             | \$ |
|        | \$ |             | \$ |

### Budget Totals

#### Total Income Amount

\$

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## Form Preview

This number/amount is calculated.  
(Please do not include your requested funding in your income)

### Total Expenditure Amount

\$

This number/amount is calculated.

### Income - Expenditure

\$

This number/amount is calculated.

## Additional Budget Information

### Total Amount Requested \*

\$

Must be a dollar amount.

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

### Please provide any additional information around the total project costs

### Please upload all quotes or supporting costs referenced in the budget. \*

Attach a file:

Please note that quotes and supporting costs are required as part of your application.

### Could your project proceed in a scaled back form with partial funding? \*

- ☐ Yes  
☐ No

### If partial funding were approved, how would you adjust or scale back your project? \*

### If partial funding was received, what is the minimum funding amount required to successfully provide a scaled back experience? \*

## Bank Account Details

### Bank Account \*

Account Name

Account Number

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## Form Preview

Must be a valid New Zealand bank account format.

### Please upload proof of bank account \*

Attach a file:

## Declaration

\* indicates a required field

I/we declare that the information supplied here is correct.

If the application is successful, I/we agree to:

1. Enter into a Contract for Service with Hastings District Council which will identify agreed deliverables for the funding awarded
2. Complete and return the "End of project report", attaching photos of the event and any related marketing material.
3. Participate in any funding audit of your organisation or project conducted by Hastings District Council, or an appointed contractor, if required
4. Inform the Hastings District Council of any public event or issue arising out of your project or service
5. Participate in Child Protection Training or provide an active Child Protection Policy for your organisation
6. Provide a Health and Safety Plan which shall be submitted to Hastings District Council within one month of acceptance of the contract. The Health and Safety Plan shall include:
  - A hazard register for the services undertaken. The hazard register will identify the hazards and their associated risks and document the measures to eliminate or minimise the risks;
  - A procedure for dealing with accidents & incidents;
  - A procedure for dealing with potential emergencies;
  - A procedure or instruction for communicating the hazard register, and procedures with employees/ volunteer workers.
7. Acknowledge the assistance of Hastings District Council at events, and use the Hastings District Council logo in all publicity/communications for this project

We understand that the Hastings District Council is bound by the Local Government Official Information and Meetings Act 1987. In this regard, we consent to it recording the personal contact details provided in this application, retaining and using these details.

We understand that our name and brief details about the project or service may be released to the media or appear in public material.

We undertake that we have obtained the consent of all people involved to provide these details. We understand that we have the right to have access to this information.

This consent is given in accordance with the Privacy Act 1993.

### HDC T&C \*

☐ Yes I agree to the HDC T&C

2026/2027 City Vibrancy Application R2 (1 January to 30th June 2027)  
Form Preview

**Applicant Name \***

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Title                | First Name           | Last Name            |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Applicant Position \***