

Rural Travel Fund Application Form

Form Preview

Introduction and Eligibility

* indicates a required field

Introduction

The Rural Travel Fund is designed to help subsidise travel for junior sports teams (5 to 18 year olds) participating in their local competition.

The Rural Travel Fund is a partnership between Sport New Zealand and Territorial Authorities to subsidise travel costs for young people that live in rural communities to attend sporting competitions and events.

Before completing this application form, you should have read the [program guidelines](#).

Incomplete applications and/or applications received after the closing date will not be considered.

If you have any questions regarding the Rural Travel Fund, there are FAQs in the Guidelines. Sport New Zealand also has a FAQ section on its [website](#).

The committee will be meeting the week of **18 May 2026**.

For more information please contact grants@kaipara.govt.nz

Privacy

The personal information Kaipara District Council collects may include your name, addresses, email address, telephone numbers, information on your use of our services or facilities and any other information provided by you in connection with, or specifically related to your communications with us or, your use of our services or facilities.

Collecting your information

- We may collect personal information about you when you or someone acting on your behalf provides information to us directly.
- We may collect personal information about you from other organisations, entities or persons.
- When you visit one of our websites, we may use technology solutions such as “cookies” to provide you with better access to tailored information and services on the websites and to better serve you when you return to them.
- Our internet service providers may also make a record of your visit and log information for statistical purposes. This information is only analysed on a bulk basis for broad demographic content. Individual use is not analysed. We do not attempt to identify users or their browsing activities unless they choose to give us personal information while using our website.

For more information on the council's privacy policy, see the [website](#).

Privacy declaration: *

☐ I declare that I have read the privacy policy and I am comfortable to proceed with the application

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Conflict of Interest

Conflict of interest declaration: *

- ☐ I do not have a conflict of interest, perceived, potential or actual, as a result of applying for and using grant funding for the project outlined in this application.
- ☐ I do have a conflict of interest, detailed below.

Please describe your conflict

Eligibility Declaration

Does your application align to the mission of the Sport New Zealand Rural Travel Fund? *

- ☐ Yes
- ☐ No

To answer this review <https://www.kaipara.govt.nz/residents/funding-for-Kaipara-communities/funding>

Is your organisation a rural sport club or rural school located within the Kaipara District Council? *

- ☐ Yes

The funding will apply to organisation members aged between 5 to 18 years of age? *

- ☐ Yes

Will you be using the funding for travel costs to cover regular, local competition? *

- ☐ Yes

For example, funding is covered for during school or after school times. But funding is not given to cover travel to national or interstate competitions.

Contact Details

* indicates a required field

Applicant Details

Applicant *

Organisation Name

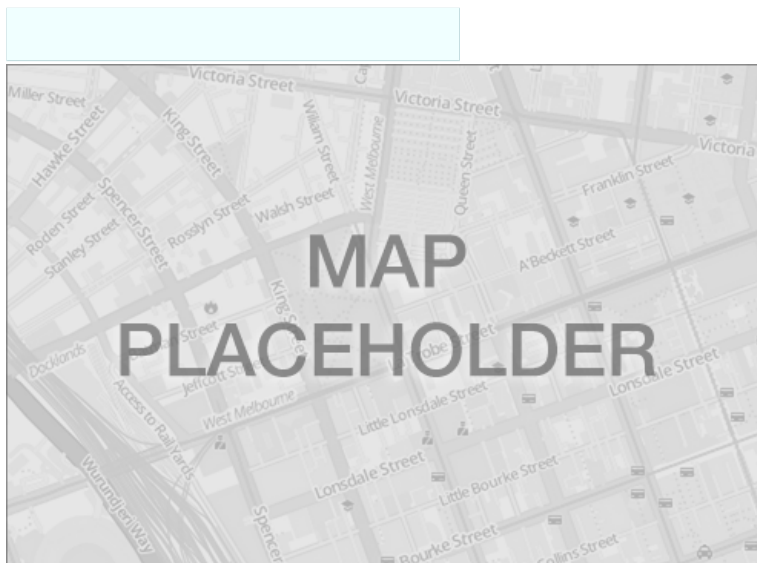
For organisations: please use the organisation's full name. Make sure you provide the same name that is listed in official documentation.

Applicant primary address

Address

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Applicant postal address

Address

Applicant primary phone number *

Applicant email address *

Must be an email address.

Applicant 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 *

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Primary contact office phone number

Primary contact email address *

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

Organisation and Eligibility Details

*** indicates a required field**

What is your organisation's purpose or mission?

How many members belong to your organisation? *

Must be a number.

Your organisation is a: *

- ☐ Club
☐ School

Does your organisation have an NZBN or CRN? *

Applicant NZBN *

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

Applicant CRN *

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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.

Project Details

* indicates a required field

Project title: *

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

Anticipated start date

Anticipated end date

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

What is the funding going to be used for? Please provide a short summary of your initiative *

Word count:

Must be no more than 500 words.

Briefly explain, e.g used to transport members to regular rugby training every Wednesday and games on Saturday. Petrol vouchers/van hire/bus hire.

Participant and Members Details

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Will the travel subsidy benefit participants aged between 5 - 18 years of age? *

- ☐ Yes
☐ No

How many participants will benefit in total? *

Must be a number.

How many participants between 5 and 12 years of age? *

Must be a number.

How many participants between 13 and 18 years of age? *

Must be a number.

What is the total number of male participants? *

Must be a number.

What is the total number of female participants? *

Must be a number.

Does your application involve a partnership with a local school/club? *

- ☐ Yes
☐ No

What percentage of your members live in the vicinity of the local authority you are applying to? *

Must be a number.

Do you have any participants with a disability who are being supported by this fund? *

- ☐ Yes
☐ No

If you have answered 'Yes', please indicate how many *

Must be a number.

If you are a regional body, do you have endorsement of your local affiliated club or school for this application?

- ☐ Yes ☐ No ☐ Not Applicable

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

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Please briefly explain and attach evidence

Please upload letters of endorsement (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

Travel Information

Estimated distance in travel (km) *

Total expected number of trips *

Total expected number of vehicles used *

Finance

* indicates a required field

The intention of this fund is to **subsidise** travel expenses due to this you can apply for up to 50% of the total travel cost.

Applicants need to show they have made a partial financial contribution towards the travel costs. The intention of the fund is to subsidise expenses and applicants need to show they can make a matching contribution towards the travel costs equal to the amount you are applying for.

Our decision makers look more favourably on applicants who have made an effort to obtain funding through other avenues, be that fundraising, applying for other grants, parent contributions.

Please note: Any funds not spent as of 30 June of the relevant financial year must be returned.

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?

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Are you registered for GST? *

- ☐ Yes
☐ No

Note: if your application is successful and you are GST registered we will request a GST Tax Invoice before payment is made.

If you are an organisation registered for GST:

- Kaipara District Council will pay your funding plus GST.
- You must then account for the GST to the Inland Revenue Department (IRD).

What is your GST number? *

Must be a number.

Your contribution (minimum 50%) *

Must be a number.

Other Funding *

Must be a dollar amount.

Total amount applying for from Rural Travel Fund GST exclusive? *

Must be a dollar amount.

Total amount applying for from Rural Travel Fund GST inclusive? *

Must be a dollar amount.

Total cost of the project *

This number/amount is calculated.

If you are an organisation not registered for GST:

- Kaipara District Council will not add GST to your funding.

Your contribution (minimum 50%) *

Must be a dollar amount.

Other Funding *

Must be a dollar amount.

Total amount applying for from Rural Travel Fund *

Must be a dollar amount.

Total cost of the project *

This number/amount is calculated.

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Other Funding Sources

Have you applied to any other councils or organisations for funding? *

- ☐ Yes
☐ No

Name	Amount requested	Result date (if known)
	Must be a dollar amount.	Must be a date.
	\$	

Supporting Documentation

Please attach the following documents to be considered for funding:

1. Latest financial statements from your organisation (i.e. P&L, financial statement)
2. Deposit Slip (in case your application is approved)
3. Draft travel calculation breakdown (refer to your Sport Northland representative)
4. Proof of entry into competition or event that travel is being applied for e.g confirmation of entry or booking

Please upload the documents listed *

Attach a file:

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

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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

Name of other authorised person

Title

First Name

Last Name

Position

Phone Number

Must be a New Zealand phone number.

Email

Must be an email address.

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.

Should you be successful, do you agree for our Communications Team to contact you about highlighting your project on our media channels?

☐ Yes

☐ No

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.

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Should you be successful, do you agree for our Communications Team to contact you about highlighting your project on our media channels?

- ☐ Yes
- ☐ No