Te Ara Tupua Community Path Activation Fund – Application Form

Applications are due by 5 pm on Friday 5 June 2026.

1. Details about your organisation

Please provide the following information.

***Required**

	Item	Detail
*	Full legal name of organisation	[Enter your answer]
	Trading name of your organisation (if different from your legal name)	[Enter your answer]
*	Physical address	[Enter your answer]
*	Postal address	[Enter your answer]
	Registered office address if applicable (i.e., if you have a registered head office/national structure, please provide the head office address here).	[Enter your answer]
*	Your organisation's website address.	[Please enter a URL]
	Social media links (e.g., Facebook, Instagram, LinkedIn, other).	[Enter your answer]
*	Legal status (e.g., Nonprofit, Charity, Incorporated Society).	[Enter your answer]
	Registration number if applicable (e.g., Charity Commission number, Incorporated Society number).	[Enter your answer]
*	New Zealand Business Number	[Enter your answer]
*	Are you GST registered?	[Yes or No]
	If you are registered for GST, then what is your GST number?	[Enter your answer]

2. Your contact person

Please provide contact details for an authorised person who represents your organisation.

***Required**

	Item	Detail
*	Contact name	[Enter your answer]
*	Position/role in organisation	[Enter your answer]
*	Email address	[Please enter an email]

*	Phone number	[Enter your answer]

3. Preconditions

Please provide the following information.

To qualify for funding, you must be able to answer 'yes' to each of these preconditions. 'Yes' means you currently meet the precondition. If you cannot answer 'yes' to all these preconditions, your application will not be evaluated further. Please make sure you can verify your answer.

***Required**

	Precondition	Meets
*	Your organisation is a legal entity and meets all requirements defined in Section 5 of the Application Guidelines.	[Yes/No]
*	Your contact person is authorised to act on behalf of your organisation (and your joint application partners, if applicable).	[Yes/No]
*	Your organisation is able to meet all health and safety requirements.	[Yes/No]
*	Your proposed initiative responds to one or more of the Te Ara Tupua Community Path Activation Fund priority areas. • **Safety:** Improve pedestrian and cyclist safety by building knowledge, resources, or skills for commuter or recreational path users • **Inclusive access:** Improve access to social and economic opportunities for all people regardless of physical or mental abilities • **Health:** Increase physical, mental, and emotional health through active mode events • **Community cohesion:** Increase the long-term resilience and connectedness of communities through active mode initiatives • **Culture and ecology:** Educate the community on the cultural and/or ecological significance of Te Ara Tupua through active mode initiatives or events	[Yes/No]
*	Your proposed initiative takes place, in full or in part, on the Ngā Ūranga ki Pito-One section of Te Ara Tupua.	[Yes/No]
*	Your proposed initiative is for only eligible activities as defined in Section 6 of the Application Guidelines and not for any ineligible activities as defined in Section 7.	[Yes/No]
*	Your proposed initiative can be delivered between 1 July 2026 and 30 June 2027.	[Yes/No]

4. Summary details about your proposed initiative

Please provide the details of your proposed initiative.

***Required**

	Item	Detail
*	Title of your proposed initiative	[Enter your answer]
*	Location of your proposed initiative (i.e. where will the proposed initiative be delivered?)	[Enter your answer]
*	Proposed initiative start date (must be on or after 1 July 2026)	[Please input date (dd/MM/yyyy)]

*	Proposed initiative end date (must be on or before 30 June 2027)	[Please input date (dd/MM/yyyy)]

Which Te Ara Tupua Community Path Activation Fund priority area(s) does your proposed initiative relate to? (Select all that apply.)

☐ **Safety**: Improve pedestrian and cyclist safety by building knowledge, resources, or skills for commuter or recreational path users

☐ **Inclusive access:** Improve access to social and economic opportunities for all people regardless of physical or mental abilities

☐ **Health:** Increase physical, mental, and emotional health through active mode events

☐ **Community cohesion:** Increase the long-term resilience and connectedness of communities through active mode initiatives

☐ **Culture and ecology:** Educate the community on the cultural and/or ecological significance of Te Ara Tupua through active mode initiatives or events

5. Quality of initiative – (Weighting 20%)

Please describe your proposed initiative. What are its key outputs and intended benefits? How does the initiative relate to one or more priority areas of the Te Ara Tupua Community Path Activation Fund?

[Enter your answer]

Please describe how your proposed initiative will be delivered to achieve its intended benefits. Outline any specific phases or milestones, and identify any risks, challenges, and possible mitigation plans.

[Enter your answer]

6. Experience, capability, and capacity – (Weighting 20%)

Describe the key people who will be involved in delivering the initiative including their relevant qualifications, skills and experience. If there are gaps, what is your plan to address them?

[Enter your answer]

Has your organisation delivered a similar initiative before? If so, please summarise the initiative and share any relevant key outputs and outcomes that were delivered, including whether the initiatives were delivered to time and budget.

[Enter your answer]

7. Value for money – (Weighting 20%)

Please fill in the following table.

***Required**

	Item	Detail
*	Total $ amount requested, exclusive of GST, for the delivery of your proposed initiative.	[The value must be the indicated number from the completed Budget Template]
	Total $ amount requested, inclusive of GST, for any capital items you require for your initiative. (Leave this field blank if you do not require funding for capital items).	[The value must be the indicated number from the completed Budget Template]
*	How many people do you estimate will directly benefit from the initiative or take part in the initiative?	[The value must be a single number or a number range]

How will you measure the success of your initiative? Describe how you will collect data to document whether the initiative has achieved the key outputs and intended benefits you identified in Section 5. This information will be required as part of the final Completion Report.

[Enter your answer]

8. Community uplift – (Weighting 20%)

How will your initiative provide activities or opportunities for members of the local community who have historically had less access to active mode uptake? Please describe the community that will benefit the most from this initiative, including the specific needs they have and how the proposed initiative will help fulfil those needs.

[Enter your answer]

How will your initiative enhance community knowledge, capability, attitudes or behaviours?

[Enter your answer]

9. Collaboration and partnership – (Weighting 20%)

Describe how your organisation has the appropriate community connections and relationships or social profile to be able to support the intended initiative and allow for community collaboration opportunities.

[Enter your answer]

Is your initiative developed by and/or delivered in partnership with mana whenua and/or hapori Māori to build capacity in active mode uptake among iwi?

☐ Yes

☐ No

If yes, then please describe.

[Enter your answer]

10. Joint applications

Some organisations may choose to partner with other organisations to deliver their proposed initiative. If you do, you must appoint a 'lead organisation.' **Only the lead organisation can submit the application form and enter into an agreement with Te Ara Tupua Alliance.** The lead organisation will be accountable for using the funds as set out in the funding agreement and for health and safety.

If your application is a joint application with other partners, then we also require you to provide us with a letter of support from each partner. Please work with your partner organisation(s) to complete the letter of support template(s) provided in **Appendix A** at the end of this application form.

The information supplied in this section of the application form is just the summary of your proposed partnerships.

Are you making a joint application with others?

☐ Yes

☐ No

If yes, then: List the names of the organisations with whom you are partnering in this proposed initiative.

[Enter your answer]

11. Conflicts of interest declaration

Do you have any actual, potential, or perceived conflicts of interest to declare?

☐ Yes

☐ No

If yes, then: Describe the actual, potential, or perceived conflicts of interests.

[Enter your answer]

If yes, then: Describe how you intend to manage these conflicts.

[Enter your answer]

12. How did you hear about the Fund?

Select all that apply.

☐ Through Te Ara Tupua newsletter

☐ Someone referred it to me

☐ Media, including social media

☐ Other

13. Declaration

Please read the following. Applications will not be evaluated further if this section is incomplete.

I confirm that I have the authority to make this request on behalf of my organisation and declare that:

- I understand that the information provided in this application will help form a legally binding agreement with Te Ara Tupua Alliance if our organisation is successful in receiving a grant.
- All the information provided for this request is true and correct to the best of my knowledge.
- There are no misleading statements or omission of any relevant facts in the application.
- All people named in the application have agreed to be included in the proposed initiative and for their information to be provided to, and be used by, Te Ara Tupua Alliance for the purposes of this funding application.
- Any actual, potential, or perceived conflicts of interest have been declared.
- Our organisation is fully compliant with all applicable legislation, including requirements under the Children's Act 2014 (if applicable), Privacy Act 2020 (if applicable), and health and safety legislation.
- If successful, I consent to the public release, including publishing on the internet, of the name of our organisation, the amount of funding received, contact details of our organisation and a description of the initiative, and undertake to cooperate with Te Ara Tupua Alliance on communications relating to this initiative, which may be in the form of a media release, case study, web content, conference presentation or whitepaper, sharing via social media, or other form as agreed with Te Ara Tupua Alliance.

☐ Yes

☐ No

	Item	Detail
*	Name of person making declaration	[Enter your answer]
*	Position/role in organisation	[Enter your answer]
*	Date	[Please input date (dd/MM/yyyy)]

14. Thank you and next steps

Please send all required documentation (and additional documentation, if required) as attachments to an email to fund@te-ara-tupua.co.nz **by 5 pm on Friday 5 June 2026.**

In the subject line of your email, please include **your organisation name** followed by the words **Te Ara Tupua Community Path Activation Fund Application**.

Required documentation

☐ A completed Application Form

☐ A completed Budget Template

☐ A statement of financial position (sometimes called a balance sheet) for the last financial year that has been authorised by your governing body

☐ A statement of financial performance (sometimes called an income and expenditure statement, or profit and loss report), for the last financial year that has been authorised by your governing body.

Additional documentation (if required)

☐ A completed letter of support from each partner organisation

☐ Two recent quotes for any capital items listed in the Budget Template

Thank you for taking the time to complete an application for the Te Ara Tupua Community Path Activation Fund. You'll be contacted by email about the outcome of your application.

Appendix A: Letter(s) of support from partner organisation(s)

Please work with the partner organisation(s) to complete the following information. If working with more than two partner organisations, please copy and paste the four sections required in the letter of support to create templates for additional organisations.

1A. Details about the partner organisation (Partner A)

Please provide the following information.

***Required**

	Item	Detail
*	Full legal name of organisation	[Enter your answer]
	Trading name of organisation (if different from legal name)	[Enter your answer]
*	Physical address	[Enter your answer]
*	Postal address	[Enter your answer]
	Registered office address if applicable (i.e., if there is a registered head office/national structure, please provide the head office address here).	[Enter your answer]
*	Organisation's website address.	[Please enter a URL]
	Social media links (e.g., Facebook, Instagram, LinkedIn, other).	[Enter your answer]
*	Legal status (e.g., Nonprofit, Charity, Incorporated Society).	[Enter your answer]
	Registration number if applicable (e.g., Charity Commission number, Incorporated Society number).	[Enter your answer]
	New Zealand Business Number, if applicable	[Enter your answer]
*	Is the organisation GST registered?	[Yes or No]
	If registered for GST, then what is the GST number?	[Enter your answer]

2A. Contact person for the partner organisation (Partner A)

Please provide contact details for an authorised person who represents the partner organisation.

***Required**

	Item	Detail

*	Contact name	[Enter your answer]
*	Position/role in organisation	[Enter your answer]
*	Email address	[Please enter an email]
*	Phone number	[Enter your answer]

3A. Details of partner organisation's contribution to the proposed initiative (Partner A)

Provide an overview of how the partner organisation will work with the lead organisation and any other partner organisations in the group.

[Enter your answer]

Provide an outline of the relevant experience and/or expertise the partner organisation will bring to the group.

[Enter your answer]

Describe the roles and responsibilities of the partner organisation and the resources they'll contribute (if any).

[Enter your answer]

4A. Declaration of partner organisation (Partner A)

Please complete the following.

I confirm that I have the authority on behalf of my organisation to support the lead organisation's initiative as proposed in their Te Ara Tupua Community Path Activation Fund Application Form and declare that:

- my organisation meets all requirements defined in Section 5 of the Application Guidelines, and
- all the information provided about my organisation is true and correct to the best of my knowledge.

☐ Yes

☐ No

	Item	Detail
*	Name of person making declaration	[Enter your answer]
*	Position/role in organisation	[Enter your answer]
*	Date	[Please input date (dd/MM/yyyy)]

1B. Details about the partner organisation (Partner B)

Please provide the following information.

***Required**

	Item	Detail
*	Full legal name of organisation	[Enter your answer]
	Trading name of organisation (if different from legal name)	[Enter your answer]
*	Physical address	[Enter your answer]
*	Postal address	[Enter your answer]
	Registered office address if applicable (i.e., if there is a registered head office/national structure, please provide the head office address here).	[Enter your answer]
*	Organisation's website address.	[Please enter a URL]
	Social media links (e.g., Facebook, Instagram, LinkedIn, other).	[Enter your answer]
*	Legal status (e.g., Nonprofit, Charity, Incorporated Society).	[Enter your answer]
	Registration number if applicable (e.g., Charity Commission number, Incorporated Society number).	[Enter your answer]
	New Zealand Business Number, if applicable	[Enter your answer]
*	Is the organisation GST registered?	[Yes or No]
	If registered for GST, then what is the GST number?	[Enter your answer]

2B. Contact person for the partner organisation (Partner B)

Please provide contact details for an authorised person who represents the partner organisation.

***Required**

	Item	Detail
*	Contact name	[Enter your answer]
*	Position/role in organisation	[Enter your answer]
*	Email address	[Please enter an email]
*	Phone number	[Enter your answer]

3B. Details of partner organisation's contribution to the proposed initiative (Partner B)

Provide an overview of how the partner organisation will work with the lead organisation and any other partner organisations in the group.

[Enter your answer]

Provide an outline of the relevant experience and/or expertise the partner organisation will bring to the group.

[Enter your answer]

Describe the roles and responsibilities of the partner organisation and the resources they'll contribute (if any).

[Enter your answer]

4B. Declaration of partner organisation (Partner B)

Please complete the following.

I confirm that I have the authority on behalf of my organisation to support the lead organisation's initiative as proposed in their Te Ara Tupua Community Path Activation Fund Application Form and declare that:

- my organisation meets all requirements defined in Section 5 of the Application Guidelines, and
- all the information provided about my organisation is true and correct to the best of my knowledge.

☐ Yes

☐ No

	Item	Detail
*	Name of person making declaration	[Enter your answer]
*	Position/role in organisation	[Enter your answer]
*	Date	[Please input date (dd/MM/yyyy)]