Christchurch Biodiversity Fund Application

Site and applicant information

**Application Date:**

**Preferred Start Date:**

*Note: 18 June 2018 start date for 1 May 2018 close-off date. Any date between 1 March 2019 and 1 September 2019 for 1 December 2018 close-off date.*

**Site Name**:

**GPS Coordinates (approximate centre of area):**

**Total area** (ha):

**Legal status** (circle or bold all that apply)**:**

Freehold Land Covenant Customary Māori Land

**Site of Ecological Significance Code:**

**Applicant:**

**Role/Organisation**:

**Address**:

**Landline**:

**Mobile**:

**Email**:

*Note: The applicant is the person who will receive the grant. One application per site.*

**If applicant is acting on behalf of landowner(s)/trustee(s):**

**Contact information for (**circle or bold one)Landowner(s) Trustee(s)

**Name:**

**Landline**:

**Mobile**:

**Email**:

**Address**:

**Postal address of the site:**

*Note: Copy and paste the above lines if necessary for additional owners/trustees.*

**Attachments:**

*Note: Please include a full list of your attachments or copy and paste the Biodiversity Management Action Plan table here if you are using this rather than providing a separate management plan.*

Project actions

**Funding purpose**(s) (circle or bold all that apply):

Fencing Planting Pest Plant Control Pest Animal Control

**Aims** (Briefly describe the work you plan to do, in text and/or table form)**:**

Project costs and funding

**Summary:** (Add up the total costs for contractors, equipment, miscellaneous, including costs to be covered by other external funds and in-kind contributions).

|  |  |  |  |
| --- | --- | --- | --- |
| Council contribution (requested from the Biodiversity Fund in this application) | Applicant/landowner contribution (including in-kind contributions from cost breakdown below) | Funding from other external sources | Total Cost of project |
|  |  |  |  |

**Cost Breakdown** (expand tables as needed)**:**

|  |  |
| --- | --- |
| ContractorsContract estimate of hours, hourly rate | $ |
|  |  |
| **Total contractor costs** | **$** |

|  |  |
| --- | --- |
| Equipment/permanent materials purchase, hire or rent; health and safety equipment; plants | $ |
|  |  |
| **Total equipment/permanent materials costs** | **$** |

|  |  |
| --- | --- |
| Miscellaneous, consumables | $ |
|  |  |
| **Total miscellaneous/consumables costs** | **$** |

|  |  |
| --- | --- |
| Estimated applicant/landowner in kind contributions: Volunteer time (number of hours and equivalent hourly pay rate), use/donation of equipment | $ |
|  |  |
| **Total landowner/applicant contribution** | **$** |

Project administration

**Assistance** (if applicable)**:**

Name of Christchurch City Council staff member and role assisting with this application:

Name other staff and organisations from whom you have sought advice:

**Name of person who will be responsible for project health and safety:**

**If awarded:**

a. Is the grant to be used in the course or furtherance of the taxable activity of the applicant?

 □ Yes, the grant will be paid plus GST, subsequent to a valid tax invoice being provided

 □ No, the grant will not be subject to GST.
*Note: The grant may be subject to taxation if the applicant does not hold a certificate of exemption from Inland Revenue. We recommend that you seek independent taxation advice in respect of this grant.*

**GST Number** (if applicable):

b. Would you like the grant paid by direct credit?

 □ Yes

 □ No

If yes, please state your bank account number and attach a pre-printed deposit slip for verification.

**Bank Account number:**

**Declaration**

I …………………………………………………………………. (full name) hereby affirm that I am the authorised person to complete this grant application on behalf of …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….(full names of other landowners if applicable).

I declare that, to the best of my knowledge, the information supplied herein is true, correct and complete and I/we agree to the terms and conditions as set out in this Application Form. I/we agree that the Christchurch City Council will not be held liable for any false or misleading information supplied by me/us.

Signed (Applicant):

Signed (Landowners):

Supporting materials

**Site of Ecological Significance Statement**

If your project site is a Schedule A or B SES in the Christchurch District Plan, you do not need to supply a copy of the completed Significance Statement. Otherwise, please attach a Site of Ecological Significance Statement prepared by a qualified ecologist, as per the information provided in the applicants guide.

**Biodiversity Management Plan**

If you already have a Farm Biodiversity Plan, or a Farm Environment Plan with a biodiversity component, you can use that. Otherwise, you can provide a management plan on the following table (add rows as needed). All other necessary information for a management plan is duplicated in the Site of Ecological Significance Statement.

|  |
| --- |
|  **Biodiversity Management Action Plan** |
| This section establishes actions and measures of progress that achieve the aim. A useful starting point is the management recommendations in the Site Significance Statement for any Site of Ecological Significance on the property. Actions should include how you intend to avoid, remedy or mitigate any threats. The action plan may include action(s) beyond those proposed in this funding application. |
| **Aim** | **Action(s)** | **Measures of progress** | **Month/Year** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |