

# 2026/27 Development Contribution Fund Application Form

## Form Preview

### Your Organisation

\* indicates a required field

#### Hamilton City Council Development Contribution Fund (DC Fund)

The DC Fund is available to not-for-profit groups to apply for a one-off grant to help offset a DC charge on their small-scale development projects in Hamilton.

Generally, the development will be less than 30m<sup>2</sup> and have minimal impact on council services and infrastructure.

#### DC Fund Criteria

In order to apply, the applicant must:

- Be a not-for-profit community group who is a legally constituted charitable trust or incorporated society.
- Have been operating in Hamilton for a minimum of 12 months or more.
- Have a development located in Hamilton of less than 30m<sup>2</sup> with minimal impact on council services once it is built.
- Have raised all the funding to meet the cost of their building project.
- Have been granted consent to build their project within the last 12 months.

If you comply with all the conditions outlined above, your group can apply for a grant of up to \$10,000 to off-set DC costs.

For further details please check our **DC Fund Schedule** in our [Community Grants Policy](#). Please note this fund is for small building projects that have been consented within the last 12 months. Projects may be eligible whether they have started or not.

#### Is your building project taking place in Hamilton? \*

Yes  No

#### Is your small capital project less than 30m<sup>2</sup>? \*

Yes  No

Select one choice. If No, please email [DCO@hcc.govt.nz](mailto:DCO@hcc.govt.nz) and a HCC staff member will contact you.

#### Is your group: \*

An Incorporated Society  A Registered Charitable Trust

Please check this link if you are not sure. <https://www.charities.govt.nz/news-and-events/blog/what-to-be-or-not-to-be-incorporated-societies-and-charitable-trusts/>

#### Does your organisation have a bank account? \*

Yes  No

#### Has your organisation been operating more than 12 months? \*

Yes  No

#### Has your group been granted a HCC consent to build your small capital project within the last 12 months? \*

Yes  No

If No, please email [DCO@hcc.govt.nz](mailto:DCO@hcc.govt.nz) and a HCC staff member will contact you.

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**Organisation name \***

Please enter the registered (legal) name of your organisation.

**Contact person \***

Title

First Name

Last Name

Please enter the name of the primary contact person for this application.

**Position of the contact person \***

Please enter the position of the primary contact given above.

**Contact person's email address \***

Please enter the email address for the primary contact given above.

**Contact person's mobile phone number \***

Please enter the contact phone number for the primary contact given above.

**How many board members or trustees do you have on your governance committee? \***

**Is your organisation registered with Charities Services? \***

Yes

No

**If Yes, please enter your Charities Services Registration Number here.**

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

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Fax  
Email  
Website  
Date Registered

Must be formatted correctly.

**Which sector primarily fits the work of your organisation? \***

**Please provide a brief summary of the programmes, services or events that your group provides?**

GST

**PLEASE NOTE:** This is an important part of your application.

**Is your organisation GST registered? \***

Yes  No

**If 'Yes' please provide your GST number:**

Please enter your GST number.

**Financial summary of your organisation:**

**Total annual income: \***

Please enter your total annual income of your organisation as shown on your annual accounts.

**Total annual expenditure: \***

Please enter your total annual expenditure of your organisation as shown on your annual accounts.

**Total current bank balance: \***

Please add together all the balances from all your bank accounts, including any term deposits, and enter the total here.

**Annual financial statements \***

**Attach a file:**

Please attach your latest annual financial statements eg: Statement of Financial Performance (Income and Expenditure), Statement of Financial Position (Balance Sheet) etc.

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**Attach your summary bank statement here (must show organisation name): \***

Attach a file:

Please attach a summary list of your bank accounts showing your bank name, organisation name, current balances, including term deposits.

## Your Building Project

\* indicates a required field

**What are you building? \***

**What is the address of your building site?**

**What is the total size of your build (square metres) and what will it be used for? \***

Word count:

No more than 200 words

**Who owns the land and buildings where your building project is being constructed?**

**How many individuals are expected to benefit from your project over a 12-month period? \***

Please provide a realistic estimate of the number of individual people who benefit from your project.

**Have you raised all the funds to cover the cost of your building project?**

Yes

No

If No, please email [DCO@hcc.govt.nz](mailto:DCO@hcc.govt.nz) and a HCC staff member will contact you.

**Please list the sources of your funding for your building project and the amounts from each of those sources:**

**How much are you requesting from this DC Fund? \***

What is the total financial support you are requesting in this application? Note: this amount must not exceed your total Development Contribution (DC) charge.

Project Attachments:

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**Please attach the budget for your building project here:**

Attach a file:

**Please enter your HCC building consent number here:**

**Please attach your HCC building consent here:**

Attach a file:

**Please attach your HCC DC letter here:**

Attach a file:

**Please feel free to add any additional comments or information relevant to this application:**

No more than 500 words.

**Other relevant attachments:**

Attach a file:

## Declaration

\* indicates a required field

In making this declaration I declare that:

- 1.I am authorised to do so and to the best of my knowledge, the information contained herein is true and correct.
- 2.The grant received will be used toward the DC costs of the small building project.
- 3.I understand if the DC Grant is not used for payment of HCC DC costs, then the organisation will be required to return the DC Grant to HCC in a timely manner.
- 4.I understand if the small capital project is not built, the DC Grant will be returned to HCC in a timely manner.
- 5.The organisation will comply with any reasonable request from Hamilton City Council to monitor performance and accountability..
- 6.I have read and understood the [Community Grants Policy](#) and associated guidelines.
- 7.This organisation is fully compliant with all applicable legislation.
- 8.I understand that HCC is required to disclose information regarding this grant, if requested by a third party, under the Local Government Official Information Act..
- 9.Hamilton City Council will advise our organisation of the outcome of this application. If successful, an authorised person from this organisation will complete a Grant Acceptance Form and upload an invoice for payment through SmartyGrants.
- 10Once funds have been spent this organisation will complete the required accountability form.

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1 This organisation is aware that the personal information that you provide in this form will be held and protected by Hamilton City Council in accordance with our Privacy Statement. A copy of the policy is available here [Privacy Policy](#) and at our libraries, pools and the Municipal Building, Garden Place in accordance with the Privacy Act 2020. The Privacy Statement explains how we can use and share your personal information in relation to any interaction you have with the Council, and how you can access and correct that information. You should familiarise yourself with this Statement before submitting this form.

2 Your organisation is aware that organisation and personal information collected will be held by Hamilton City Council for the purpose of assessing applications and may be shared with other parties in the process of assessing or in publishing or making available the results of approved grants.

**Full name of organisation: \***

**Full name of authorised signatory: \***

**Position of authorised signatory: \***

**Date of declaration: \***

### Your Feedback

We value your feedback to help us improve our funding process. We would appreciate you taking another couple of minutes to complete this section.

**Please add any other comments you may have about how we can improve our funding form or process.**

**Thank you for taking the time to complete this feedback section.**