Rainbow Wellbeing Legacy Fund 2026

Form Preview

Introduction

Overview

The Rule Foundation is a registered charity which seeks to advance the health, wellbeing and visibility of Rainbow, Takatāpui & MVPFAFF+ people in Aotearoa, New Zealand. The purpose of the Peter Rule Fund is to support projects and activities that uplift these communities, and for education and research on issues these communities face. To apply, please complete this application form. Please note that we do not fund individuals or commercial activities. Note also that our approach is to fund project-based activity; we do not fund operational costs

Criteria for support include:

- The activity is a project which has a specific purpose, timeframe, and resource requirement
- The project aligns with the Foundation's purposes and priorities
- The project addresses an identified need of the Rainbow, Takatāpui and/or MVPFAFF+ community
- The applicant has demonstrated their ability to deliver the project
- The availability of funds and alternative funding sources to the applicant.

We welcome any questions, and are happy to support you in completing this application.

About your organisation

* indicates a required field

Name, entity, etc.

Name of your organisation *

Website

Must be a URL.

NZ Charity Registration Number (CRN)

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.

Charity Registration Number

Organisation Name

Other Names

Status

Street Address

Postal Address

Telephone

Fax

Email

Website

Date Registered

Must be formatted correctly.

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.

NZBN

Entity Name

Registration Date

Entity Status

Entity Type

Registered Address

Office Address

Must be formatted correctly.

Addresses

Physical Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Postal Address

Address

Region/s of delivery *

- ☐ Waikato
- ☐ Te Moana-a-Toi/Bay of Plenty
- ☐ Te Tairāwhiti/Gisborne
- ☐ Te Matau-a-Māui/Hawkes Bay
- ☐ Taranaki
- ☐ Manawatū-Whanganui
- ☐ Te Whanganui-a-Tara/ Wellington
- ☐ Te Tai-o-Aorere/Tasman
- ☐ Whakatū/Nelson
- ☐ Te Tauihu-o-te-waka/Marlborough
- ☐ Te Tai Poutini/West Coast
- ☐ Waitaha/Canterbury

☐ Ōtākou/Otago
☐ Murihiku/Southland
What region/s will you deliver this project in?

Contact

Applicant Project Contact *
First Name Last Name

Position in organisation *

Contact Email *
Must be an email address.

Phone Number

About the project

* indicates a required field

Project title *

Project outline *

Start date *
Must be a date.

End date *
Must be a date.

Project aims *
What would success look like to you?

How does your project support the mental health and wellbeing of the Rainbow community?

Project budget

* indicates a required field

Total Amount Requested from the RWLF Fund? *

$

Must be a dollar amount and no more than 20000.
What is the total financial support you are requesting in this application?

Total Project Cost *

$

Must be a dollar amount.
What is the total budgeted cost (dollars) of your project?

Other funding

Briefly, who else provides funding to your organisation or for the purpose of this project?

Budget

Income	$	Expenditure	$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	Include total. Must be a dollar amount.		Include total. Must be a dollar amount.

Budget upload

Upload your budget here if you didn't complete the section above.

Attach budget

Attach a file:

Bank details

* indicates a required field

Who will hold the funds for this project?

Name of organisation (if different to the organisation making the application):

Tell us who is holding the funds for this project, and what your relationship is with them. Please note it must be an organisation bank account, not an individual.

Bank Account *

Account Name

Account Number

Must be a valid New Zealand bank account format.
This is either your bank account, or who is holding the funds identified above. Please note this cannot be an individuals bank account - we can only make payment to organisation bank accounts.

Extra information

* indicates a required field

Sharing on social media *

○ I agree to the Rule Foundation sharing content about my organisation/project.
○ I do not agree to the Rule Foundation sharing content about my organisation/project.

Past funding *

○ My organisation has not received funding from the Rule Foundation before.
○ My organisation has received funding before, and we have provided a report on how those funds where used.
○ My organisation has received funding before, and that project is still ongoing or we have not yet provided a report.

Optional extras

You might like to provide any of the following additional files to support your application:

- Cover letter
- Letters of support from supporters of your organisation (other organisations or individuals)
- Letters of support from supporters of the project
- Evidence of financial support from other organisations or individuals
- Organisations annual report, chairs report or report on a similar project previously completed.

Relevant files

Attach a file:

Review & submit

Declaration *

☐ By completing and submitting this application, I confirm that everything in the application is, to the best of my knowledge, factual and correct.
☐ I have permission on behalf of the organisation or group listed in this application to submit this application.
At least 2 choices must be selected.