

From: [insert the name of your organisation]

Date: [insert the date of this document]

Application Form – Pool B

Community Grant Fund 2023

# Organisation Details

**Please note this application form is for Pool B applications only ($5,000-$15,000).**

|  |  |
| --- | --- |
| Full legal name:  | [This name under which you are registered as a company, trust, society etc] |
| Physical address: | [if more than one office – put the address of your head office] |
| Postal address: | [eg, PO Box address] |
| Organisation website: | [url address] |
| New Zealand Business Number (NZBN): | [NZBN, https://www.nzbn.govt.nz for info] |
| Is this a joint application by more than one organisation?  | [ ]  No [ ]  Yes If yes, please name of the lead applicant:  |
| If yes, who and how will you be collaborating with them? |  |
| Who is responsible for delivering your initiative?  | Name: [Name]Position: [Position] |

## Fund Holder organisation (if applicable)

|  |  |
| --- | --- |
| Full legal name  | [insert name of fund holder] |
| Physical address: | [if more than one office – put the address of the head office] |
| Postal address: | [eg, PO Box address] |
| NZBN: | [New Zealand Business Number] |

## Applicant Contact Details

|  |  |
| --- | --- |
| Contact person: | [name of the person responsible for communicating with Health Promotion, Te Whatu Ora] |
| Phone number: | [landline] |
| Email address: | [work email] |

Preconditions

These conditions must be met for the application to progress, as per the Tier One Assessment:

|  |
| --- |
| Any grant recipients and their teams involved in the community as part of the initiative / project / activity must be vaccinated against COVID-19, and comply with the Government COVID-19 protection framework or the relevant protocol at the time. |
| You are not applying for funding for activities that have already taken place before the application closing date. |
| Your organisation is not a Council or a commercial organisation |
| Your organisation does not have any links to companies associated with the gambling, tobacco or alcohol industries, or food industries/products not aligned with the [Ministry of Health Eating and Activity Guidelines.](https://www.health.govt.nz/publication/eating-and-activity-guidelines-new-zealand-adults) |
| Health promotion, Te Whatu Ora will not fund capital items (e.g. building alterations, vehicles, equipment, electronics, computers etc.). |
| Health promotion, Te Whatu Ora will not fund costs associated with running an organisation, such as staff and equipment costs, or services usually provided by your service/organisation. |
| Health promotion, Te Whatu Ora will only accept one application per initiative.  |
| The same service/organisation can apply for both streams of funding (Pool A and Pool B), but cannot apply more than once in each stream. |
| The fund is intended to support the development and delivery of initiatives in the first instance, while recognising that some funding may be required for incentives/prizes. |

# Tell us about your initiative

The evaluation panel will be looking for initiatives that:

* Relate to minimising gambling harm.
* Support community and whānau.
* Focus on supporting a priority group (Māori, Pasifika, Asian, Rangatahi, Rainbow, Takatāpui, MVPFFAF+, and/or Disabled peoples, or low socio-economic populations)

For more information, please see the Evaluation Information document on the [Safer Gambling Aotearoa website](https://www.safergambling.org.nz/pmgh-sector-support).

## Describe your initiative

|  |  |
| --- | --- |
| What is the name of your initiative?  |  |
| Where will your initiative take place? |  |
| When (or over what period) will the initiative take place?  |  |
| Provide an overview of your initiative  |  |
| What are your goals for the initiative?  |  |
| How will your initiative link to the prevention and minimisation of gambling harm? |  |
| How does your initiative support community and whānau? |  |
| How does this initiative think beyond service delivery?  |  |
| Who is your audience for this initiative? Who are you hoping to engage with and why? |  |
| What changes are you likely to see in your community if your initiative works? |  |
| Describe in detail how you intend to evaluate the success of your initiative (how will you measure the success of your goals?) |  |
| Describe any significant risks associated with your initiative and how you propose to mitigate them (prevent them from happening) and manage them (in the event that they do happen).  |  |

Budget Breakdown

Tell us in the table below how much funding you are applying for. There is no need to include costs being covered by other funders. Add more lines as needed.

|  |  |  |
| --- | --- | --- |
| **Description of item** | **Basis of cost calculation (eg, unit price x number of units)**  | **Funding sought from Health Promotion, Te Whatu Ora (excluding GST)** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **TOTAL funding sought from Health Promotion, Te Whatu Ora**  | **$** |

|  |  |
| --- | --- |
| Do you have other financial support or sponsorship for this initiative?  | [ ]  **No** [ ]  **Yes** **If yes,** please give a brief description of what the other financial support or sponsorship consists of:  |

Additional Assistance from Health Promotion, Te Whatu Ora

In addition to funding, Health Promotion, Te Whatu Ora can support community initiatives in a range of other ways including printed SGA resources and promotional material, communications and marketing advice, and ongoing advice and support from the Minimising Gambling Harm team.

|  |  |
| --- | --- |
| Describe your requirements for additional assistance here: |  |

Declaration and agreement

Guidance for applicants

* + Here you are asked to answer questions and make a formal declaration.
	+ Remember to select ‘agree’ or ‘disagree’ in each row. If you don’t you will be deemed to have agreed.
	+ Remember to get the declaration signed by someone who is authorised to sign and able to verify each of the elements of the declaration eg, chief executive or a senior manager.
	+ If you are submitting a joint application each party to the application must complete a separate declaration (copy and paste the table below as required).

|  |  |  |
| --- | --- | --- |
| Funding expectations  | I/we have read and fully understand the purpose of the Fund and the objectives for making the funding available. I/we confirm that the Applicant/s has the necessary capacity and capability to deliver the initiative described in this Application and achieve the expected benefits. | [Agree/Disagree] |
| Conflict of Interest declaration: | The Applicant/s warrants that it has no actual, potential or perceived interest that is in conflict with submitting this Application or delivering the initiative described in it. Where a Conflict of Interest arises during the funding application process the Applicant/s will report it immediately to the Grant’s Contact Person. | [if you think you may have a conflict of interest briefly describe the conflict and how you propose to manage it or write ‘not applicable’] |
| Accuracy  | I/we declare that in submitting the Application and this declaration the information provided is true, accurate and complete and not misleading in any material respect.I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the Application may result in the Application being eliminated from further consideration and may be grounds for termination of any Conditional Grant Agreement awarded as a result of the invitation. | [Agree/Disagree] |
| Authority  | I/we have secured all appropriate authorisations to submit this Application, to make the statements and to provide the information in the Application and I/we am/are not aware of any impediments to enter into a Conditional Grant Agreement to deliver the initiative this Application describes. | [Agree/Disagree] |
| Signing  | By signing this declaration the signatory below represents, warrants and agrees that he/she has been authorised by the Applicant/s to make this declaration on its/their behalf. |
| Signature: |  |
| Full name: |  |
| Title/Position: |  |
| Name of organisation: |  |
| Date: |  |

If you would like to have a conversation with our team about your application, you can contact us at info@safergambling.org.nz. We’d be happy to answer any questions or provide any help with the application process.

Please send you completed application form to info@safergambling.org.nz by **5:00PM Friday 23 June 2023**.