**The New Zealand High Commission Fund (HEF) Application Form**

**1 INFORMATION ABOUT THE APPLICANT ORGANISATION**

|  |  |
| --- | --- |
|  | **Please fill out this column**  |
| **1.1 Name of organisation**(as written in the official registration documents) |  |
| **1.2 Type of organisation** |  |
| **1.3 Registration number****Please attach a copy of your registration certificate** |  |
| **1.3.a. Banking details****Please attach a copy of your bank confirmation letter and recent 3-month bank statement** |  |
| **1.4 Organisation Street address** |  |
| **1.5 Organisation postal address** |  |
| **1.6 Country** |  |
| **1.7 Contact name** |  |
| **1.8 Telephone number** |  |
| **1.9 Email address** |  |
| **1.10 Website** |  |
| **1.11 Please provide the contact details for 2 – 3 references (previous funders preferred) for your organisation** |  |

**2 INFORMATION ABOUT THE PROJECT**

|  |  |
| --- | --- |
|  | **Please fill out this column**  |
| **2.1 Project title:** |  |
| **2.2 What is the planned start date of this project?**  |  |
| **2.3 What is the planned completion date of this project?**  |  |
| **2.4 Please describe what the project is about?**  |  |
| **2.5 What are the objectives of the project?** |  |
| **2.6 What impact do you want to achieve from this project?**  |  |
| **2.7 Describe your plan to achieve these objectives?**  |  |
| **2.8 When developing the idea for this project: who did you consult with?** |  |
| **2.9 Does the project present any direct or potential harm to the environment or beneficiaries?** |  |
| **2.10 Who will benefit from the project** (please include the number of women, men, boys and girls, Persons with Disability)? |  |
| **2.11 How will they benefit?**  |  |
| **2.12 How much funding are you applying for?** |  |
| **2.13 Has your group applied to the HEF before? Yes/No****If yes, please provide details of the funding request, amount, and the year the request was made.**  |  |
| **2.14 Have you requested assistance from any other source for this project? Yes/No****If yes, please describe:**  |  |
| **2.15 Was the funding requested above successful? Yes/No****If not, why not?**  |  |
| **2.16 What will your group contribute towards the achieving project? E.g., financial resources, contributions in kind** |  |
| **2.17 Once the project is completed, who will take responsibility for future costs and maintenance?**  |  |

**3 RISK MANAGEMENT**

Please list the risks associated with delivery of the project, i.e. what might get in the way?

Also detail how your group will manage the risk to ensure that the project will be delivered.

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| **Risk** | **How will the risk be managed?** |
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**4 IMPLEMENTATION PLAN (show key tasks on when deliverables will be met)**

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| --- | --- | --- | --- |
| **Start Date** | **End Date** | **Task** | **Key Inputs required** |
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**5 MANAGEMENT AND DELIVERY OF THE PROJECT**

Who will manage the project and provide the financial report on expenditure?

|  |  |
| --- | --- |
|  | **Please fill out this column**  |
| **Name:** |  |
| **Qualification/Skills of the Project Coordinator** |  |
| **Experience of the Project Coordinator** |  |

Who else will be involved in the delivery of the project?

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| --- | --- | --- |
| **Name** | **Role** | **Experience in relation to delivering the project** |
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**6 PROJECT BUDGET SUMMARY**

*The inputs below are examples of potential inputs. Please change these to align with your project.*

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| --- | --- | --- | --- | --- |
| **Inputs** | **HEF Contribution\*** | **Your Contribution** | **Other Contributors** | **Total Cost** |
| **Labour Costs** |
| *Wages*  |  |  |  |  |
| *Travel* |  |  |  |  |
| *Training* |  |  |  |  |
| **Material & Equipment** |
| *Tools/Equipment* |  |  |  |  |
| *Machinery* |  |  |  |  |
| *Freight* |  |  |  |  |
| *Consumables (fuel, fertiliser, chemicals)* |  |  |  |  |
| *Materials* |  |  |  |  |
| *Other* |  |  |  |  |
| **Overheads** |
| *Communications* |  |  |  |  |
| *Transport* |  |  |  |  |
| *Insurance* |  |  |  |  |
| *Other* |  |  |  |  |
| **TOTAL** | $ |

Please attach invoices/purchase orders from suppliers for all items requested. You should include shipping costs as part of the invoice/purchase orders if possible.

*NB: Please note that failure to provide quotations/invoices/purchase orders may result in your application not being considered.*

**7 HEALTH & SAFETY**

Are there any potential health and safety risks to workers or others during the **implementation phase** of this project? Select one: **YES NO**

If **Yes** – complete the following table. An example is provided in blue.

|  |  |  |
| --- | --- | --- |
| **What tasks will be done to complete this project?** | **What tasks could cause an injury?** | **What will be done so that the injury does not occur?** |
| *Providing & installing solar panels by project workers* | * *Risk of falling from working at heights*

* *Risk of injury when using tools and machinery*
 | * *Personal protective equipment is provided to workers including safety harnesses and [list equipment]*
* *Installers are trained or qualified to carry out the work [list training or qualifications]*
 |
| *Providing training on the ongoing maintenance of solar panels to local community (trainees)* | * *Risk of falling from working at heights*

* *Risk of injury when using tools and machinery*
 | * *Personal protective equipment is worn by trainees including safety harnesses and [list equipment]*
* *Trainees are supervised by trained or qualified staff*
* *Trainees are assessed after training to test their understanding of the training and ability to carry out the maintenance work*
 |
|  |  |  |
|  |  |  |

Will the **outcome** of this project be used by the general public (i.e. community projects or public buildings/services)? Select one: **YES NO**

If **Yes** complete the following table. An example is provided in blue.

|  |  |
| --- | --- |
| **What actions must be completed to ensure the safety of users or the general public?** | **Who will ensure that the correct standards are met or that the correct permits or endorsements have been obtained?****i.e. engineer, site manager, project coordinator, local authority etc.** |
| *Training of local community to maintain solar panels (trainees)* | * *The Project Coordinator will train the local community trainees and assess their ability to carry out the maintenance work*
 |
| *Installation certified to [insert standard]**Or**[insert Permit or endorsement] is granted* | * *Site manager / contract manager/ project coordinator*

*Or** *Local government or authority*
 |
| *Follow up & monitoring of local community trainees*  | * *The project coordinator will help the local community trainees for three months after the project is completed*
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|  |  |

**8 CHECKLIST**

**Have you:**

* + Completed all sections of the form?
	+ Provided contact details of 2-3 references?
	+ Enclosed quotations/invoices/purchase orders for the materials or equipment you seek?
	+ Attached lists of names of those implementing the project?
	+ Provided proof of bank account in the form of a stamped letter on bank letterhead or bank statement not older than three months?
	+ Provided proof of registration of organisation?
	+ Signed below?

Queries may be directed to the New Zealand High Commission HEF mailbox: **PRE-HEF@mfat.govt.nz**

**Application submitted by:**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Signature**  |  |
| **Date** |  |