# Application Form and Information for Applicants

**PURPOSE**

The Fund supports small scale, short-term community projects that contribute to wider community well-being. The projects must be in line with New Zealand Aid Programme’s mission of:

*Sustainable development in developing countries, in order to reduce poverty and contribute to a more secure, equitable and prosperous world.*

**WHO CAN APPLY**

The Fund is aimed primarily at community groups and NGOs but other types of organisations e.g. schools, business associations may apply. Check with the New Zealand Embassy. The Fund does not support individual businesses.

**DURATION**

No individual project will be supported for longer than two years. Supporting different projects by the same partner over a longer duration is possible.

**BUDGET**

The maximum grant for a single activity is NZ$75,000.

**WHAT WILL NOT BE FUNDED**

* Political, religious or evangelical activities N.B. faith-based groups are not excluded where the proposed project is consistent with the purpose of the Fund, does not exclude followers of other religions, and the funds are not used to support proselytising
* site visits
* unsolicited donations
* individual student scholarships
* international airfares/overseas conference attendance
* on-going (recurrent) funding of recipients’ operational/organisational costs such as wages and salaries, office items and communications

**In addition, applications for the following activities will not be considered:**

* Research
* Motor vehicles, televisions, international travel, animals or other goods/services commonly subject to theft, misuse, conversion, disease or damage
* For profit business enterprises under the control of individuals
* Cultural or sporting activities unless the community involved is particularly disadvantaged

**APPLICATION PROCESS**

All applications should be:

* Clearly written on the form provided.
* Supported by invoices/purchase orders from suppliers of goods and services where relevant;
* Signed by a responsible member of the applying organisation; and sent to:

**NPDF Administrator**HLUenquiries@mfat.govt.nz

New Zealand Embassy

733 Bishop Street, Suite 2020

Honolulu, HI 96813

**All applicants will be notified by email of the result of their application.**

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| --- | --- | --- | --- | --- |
| *Office Use Only* | *Date Received* | *Reference Number* | *Date Reviewed* | *Outcome* |
|  |  |  |  |

# NORTH PACIFIC DEVELOPMENT FUND APPLICATION FORM

|  |  |
| --- | --- |
| **Project Title**: |  |

1. **INFORMATION ABOUT THE APPLICANT ORGANISATION**

|  |  |
| --- | --- |
|  | **This column to be filled in by the applicant.** |
| **Name of organisation:** |  |
| **Village/Town:**  |  |
| **District/City:** |  |
| **Contact Name for this application:**  |  |
| **Postal Address:**  |  |
| **Telephone Numbers:** |  |
| **E-mail address:**  |  |

1. **INFORMATION ABOUT THE PROJECT**

|  |  |
| --- | --- |
| **Starting date of project:** |  |
| **Completion date of project:** |  |
| **Describe the Project.** **(**If your project involves small construction work, please provide a simple project design with material cost calculations for the various components of the whole project on a separate sheet**.)** |  |
| **Who did your group consult with when developing the idea for this project?**  |  |
| **What are the project’s objectives? What do you want to achieve?** |  |
| **Who will benefit from the project and how will they benefit? (include no. of women, men, boys and girls)** |  |
| **Once the activity is completed who will take responsibility for future costs and maintenance?**  |  |
| **How much do you want for this project?** |  |
| **Has your group applied to this Fund previously? If yes, please provide details of the funding request and the year the request was made.**  |  |
| **Have you requested assistance from any other source for this project?** **If yes, please describe:**  |  |
| **Was the funding requested above successful? If not why not?**  |  |
| **What will your group contribute towards the achieving project?** |  |
| **What is the proposed approach for promoting the project/activity (and North Pacific Development Fund) upon its successful completion?** |  |

**Implementation Plan (Show key tasks)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date** | **End Date** | **Task** | **Inputs required** |
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**MANAGEMENT OF THE PROJECT**

**Who will manage the project (e.g. Project Coordinator) and provide financial report on expenditure?**

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| --- | --- |
| **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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**PROJECT BUDGET SUMMARY**

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

**\* Attach invoices/purchase orders from suppliers for all items requested. You should include shipping costs as part of the invoice/purchase order if possible.**

**RISK MANAGEMENT**

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

Please 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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**Health and Safety**

1. Are there any potential health and safety risks to workers or others during the **implementation phase** of this project?

Circle 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*
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Will the **outcome** of this project be used by the general public? I.e. community projects or public buildings/services.

Circle 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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1. **CHECKLIST**

**Have you:**

* + Completed all sections of the form?
	+ Enclosed quotations/invoices/purchase orders for the materials or equipment you seek?
	+ Attached lists of names of those implementing the project?
	+ Signed below?

**Application submitted by:**

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