**CAPABILITY BUILDING FUNDING GRANTS**

**Application Form**

This application form is for capability building funding for groups of disabled people, families/whānau and aiga.

This form is a guide only, you can apply in any way you choose; you may want to do this face to face or by video.

**To be eligible for this funding you need to be:**

1. a group of disabled persons or
2. a group of families with disabled family members or
3. under the umbrella of one of these groups or
4. endorsed by either of these groups

**NOTE***: a ‘group’ of disabled persons’ does not mean you have to be a Disabled Person Organisation*

*(DPO).*

**SECTION A - Personal Details**

**Name of Applicant:**

**Name of Disabled Persons Organisation** (if applicable)

**Name of Families of Disabled Persons Organisation** (if applicable)

**Address:**

**Suburb:**

**City:**       **Postcode:**

**Phone:**       **Mobile:**

**Email:**

If applying under an umbrella organisation, please tell us the following:

**Umbrella Organisations name:**

**Charities Registration Number** (if they are registered)**:**

**SECTION B - Your Proposal**

Please answer the questions below:

1. **What do you want funding for? (Describe what you will do, including the duration of the project and the estimated completion date)**

1. **Describe the group or groups of people (needs to be 3 or more people) your proposal will benefit.**

**Note:** the people must live in the MidCentral District Health Board region.

1. **Describe the skills and capabilities people taking part in your activity will learn and develop or other ways they will benefit.**

1. **If you are running an event or workshop tell us about the people leading this, for example the presenters/facilitators you plan to use.**

1. **Tell us how you will make sure your activity is fully accessible to everyone who wants to participate (if using a venue is it fully accessible, is the presentation accessible to people who are blind, will you have DEAF participants and if so, have you got New Zealand Sign Language interpreters?).**

1. **Please attach or submit any additional information to support your application. If you wish to present your application in person, please tell us that.**

**Section C – Funding Required**

**NOTE*:*** *If your application is for over $20,000.00 you will also need to complete Section D*

**Total Cost: $**

**How much can you contribute: $**

**Total funds required $**

**Detailed breakdown of costs**

|  |  |  |
| --- | --- | --- |
| **Item/Activity** | **Supplier** | **Cost (incl GST)** |
| **Eg:**  **Venue Hancock House**  **Photocopying Workbooks** | **Palmerston North City Council**  **Warehouse Stationery** | **$ 50.00**  **$ 24.00** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |

(if more space is required, continue on a separate sheet and attach to application)

**Have you applied to anyone else for this funding?** Choose an item.

**If yes, please provide the following details:**

**Name:**

**Date:** Click or tap to enter a date.

**Amount applied for: $**

**If you have any quotes to support your proposal, please attach them with your application.**

**NOTE*:*** *Should the costs exceed the funding approved by more than 10%, the Capability Funding Panel will not be liable for covering this cost.*

**SECTION D – For requests over $20,000.00**

If you are applying for a grant of more than $20,000.00 you need to be an organisation rather than informal group.

You can be a disabled persons-led organisation or a family of disabled person’s organisation, come under the umbrella of one of these organisations or be endorsed by one of them.

You will need to include the following information with your application:

* Annual Accounts – these must be no older than 16 months at the time of the application.

If the constitution, rules, or trust deed stipulates that the organisation must have compiled, reviewed, or audited accounts, the organisation must provide that report with their application.

* Bank statements - no older than 6 months from the submission of the application, showing all account balances.
* Two letters of support - these must be signed, dated and no more than six months old, from disabled leaders or senior people with credibility in the disability sector.

The following are attached:

**Annual Accounts** Choose an item.

**Bank Statements** Choose an item.

**Two letters of support** Choose an item.

**SECTION E - Confidentiality**

By signing and submitting this application you are giving permission:

1. For your contact details and information in the application to be shared with the MidCentral Regional Leadership Group Funding Panel members, the Funding Advisor, and the Director of Mana Whaikaha.
2. For the information you provide to be used by Mana Whaikaha for statistical purposes and/or policy development.
3. To participate in an evaluation of the outcomes and benefits of this proposal if requested.

**I (name of applicant):**

**Declare that:**

**(Tick)** The information included in this application form and supporting documentation is true and accurate.

**(Tick)** Any funding received from the MidCentral Regional Leadership Group Funding Panel will be solely used for the purpose specified in this application and that any unspent funds will be returned to the funder.

**Signature:**

**Date:** Click or tap to enter a date.

**NOTE:** *Please send funding applications in by midday of the 1st Friday of each month so they can be*

*processed for consideration at the Funding Panel’s monthly meetings.*

**If you have questions, please contact: Funding Advisor, Jo Brew**

**Email** [**apply@manawhaikaha.co.nz**](mailto:apply@manawhaikaha.co.nz)

**Phone** (06) 353 5807