**Provider Fund (Community Support Package) application form for Non-MSD providers**



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| **Organisation Details** | |
| Organisation Name: Legal Entity Name: |  |
| Incorporation Number:  NZBN Number: |  |
| Address: |  |
| Contact Name:  Email:  Number: |  |

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| **Agency Support** | |
| Which government agency/agencies do you currently have a contract with or receive funding from? |  |

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| **Initiative** | |
| What is required? *(Please state the type or resource/activity)* |  |
| How much will this cost? *(Cost Breakdown)* |  |

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| **Location** | |
| Primary location/Region of initiative |  |

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| **Population** | |
| Primary cohort this initiative will support the most? | Maori  Pacific  Ethnic  Young People  Elderly  People with disability  Other |

|  |  |
| --- | --- |
| **Financial Details** | |
| Name account name |  |
| Bank account number |  |
| GST Number |  |
| Email address for Remittance advice |  |
| Please attach an original pre-printed bank deposit slip or other verification of bank account. |  |

This section needs to be completed by a person in your organisation who has the authority to commit the organisation to enter into a funding agreement.

* We acknowledge that the details given in this application, or supplied by us in support of our application, are true and correct to the best of our knowledge.
* We acknowledge that before, during and after the granting of any funds, the Ministry of Social Development may disclose to, or obtain from, any other government department or agency, private person or organisation, any information about our organisation and the project for which we are seeking funding for the purpose of assessing the application, administering the Initiative, reporting tax information, evaluating the Initiative or conducting integrity inquiries.
* We will not hold any personal information for or on behalf of the Ministry of Social Development.
* We agree to provide information such as financial, statistical and/or anonymised information to the Ministry of Social Development for the purpose of evaluating, auditing, reporting and conducting integrity inquiries on the Initiative and/or funds.
* We agree to follow the [Privacy Act 2020](https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23223.html) and any other applicable rule or enactment when handling any personal information.
* We acknowledge that the Ministry of Social Development will publish the names of the community groups that receive funding, the amount of funding and its purpose.

I have read and agree to the declaration above and the [terms and conditions](https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/community/community-support-package-north-island-foods-and-cyclone-gabrielle/terms-and-conditions-of-grant-csp.html) of the Community Providers Fund – Community Support Package *(required)*