

Community Capability and Resilience Fund Application Form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Tell us about your community group/organisation

1. Name of your community group/organisation:

2. Charitable Trust registration number (if applicable):

3. What is your address?

4. The main role or the key service(s) your community group/organisation provides to your community:

Key contact details

5. Name of the key person we will need to contact if we have any questions about your application

Name:

Position/role in your group/organisation:

Contact telephone/mobile number:

Email address:

Tell us if your initiative assists any priority/population groups

6. What is the primary group your initiative will be supporting:

Māori

Pacific

Ethnic/migrant/culturally and linguistically diverse peoples

Other populations and community groups

7. Is your initiative targeted at supporting any other groups, which are not listed above:

No – continue to question 8

Yes – please state which groups:

Please describe the initiative you are seeking funding for

8. What is the initiative you are seeking funding for?

Please let us know if you would prefer to present your initiative through a video presentation.

9. Where will you be 'delivering' the initiative (i.e. town, suburb, city)

10. When do you want to start delivering your initiative (i.e. start date)

Please use format: date / month / year eg 27 July 2020

11. When do you think the initiative will be completed (i.e. end date)

Please use format: date / month / year eg 27 July 2020

12. What benefits do you expect your community group/organisation to experience/or see as a result of your initiative being delivered?

Funding request

13. What is the amount of funding that your community group/organisation is seeking (excluding GST)?

⌘

Please complete and send through a tax invoice. Note: To assist you, we have provided a tax invoice template below.

14. Have you previously received any other funding to support this initiative?

No

Yes

If yes, please tell us who you received the funding from and how much (GST Exclusive)?

Name

⌘

15. Are you exploring any funding opportunities to support your initiative through any other government sources?

No

Yes

If yes, please tell us the name of the government agency and how much (GST exclusive)?

Name

\$

Name

\$

Name

\$

Financial details

16. Please provide your bank account details

(this is the account we will use if your application is successful)

- Name of nominated bank account:

Note: We will not make payments to an individual's bank account.

- Nominated bank account number that you would like any funds to be paid to:

Note: we also require you to forward bank verification details when you email this form through to us (bank account verification can include, a pre-printed bank deposit slip, a letter from your bank or a copy of your bank statement showing your account name and account number only).

Terms and Conditions of the Fund

This section outlines the Terms and Conditions of the Fund that apply for all community groups.

1. The community group will inform the Ministry of any funding your organisation receives from any other Government source for your initiatives.
2. The community group agrees to acknowledge the assistance of the Ministry in any publicity about their service.
3. The community group will not do or omit to do any act that brings the Ministry into disrepute.
4. The community group will repay all or a portion of the funding paid by the Ministry, if the community group does not satisfactorily deliver the initiative.
5. This Fund is a one-off contribution to your organisation. The Ministry cannot guarantee that there will be any on-going funding for your initiative. The community group should not expect or rely on continued funding.
6. Fund payments made to community groups who are GST registered will be subject to pay GST.
7. The community group will not subcontract or assign the obligations of this Fund with any organisation other than an organisation/s specified in this Fund application without prior written permission from the Ministry, and no third party may enforce this Fund.
8. The community group will provide a report about the initiative, including what was done, the impact and how the funds were spent. No personal information will be provided.
9. The community group must maintain financial records of the Fund expenditure including the retention of receipts for auditing purposes.
10. The community group acknowledges that the Ministry will publish the names of community groups that have received funding, the purpose and amount of funding.

Applicant Declaration

This section needs to be signed by two people in your organisation who have 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 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.

Full name:

Position/designation in organisation:

Signature:

Date:

Full name:

Position/designation in organisation:

Signature:

Date:

Have you attached your:

Tax invoice

Nominated bank verification details

Thank you.

Please submit your completed application form to: CCRF_2020@msd.govt.nz

We require you to provide us with a tax invoice.

Below is an example. For additional guidance please refer to the IRD website.

IRD guidelines regarding tax invoice: <https://www.ird.govt.nz/gst/tax-invoices-for-gst/how-tax-invoices-for-gst-work>

IRD guidelines on registering for GST: <https://www.ird.govt.nz/gst/registering-for-gst>

Tax Invoice

Invoice to:	Ministry of Social Development PO Box 1556, Wellington, 6140
Invoice from:	
Name	
Address details	
Email address	

Date:	
Invoice number:	
Reference:	Community Capability and Resilience Fund
GST Number (if registered):	If not registered for GST please state – Not Registered

Description	Quantity	Unit Price	Amount NZD
Subtotal			
Total GST			
Total NZD			

Payments can be made to:	
Name of Bank	
Name of Account	
Bank account number	