# Community Food Response Grant Fund

## Online Application Form

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| Section one: About your organisation | | | | |
|  | Legal name of your organisation: [insert text here] | | | |
|  | Trading name of organisation (if different): [insert text here] | | | |
|  | Legal status (e.g. Charitable Trust, Incorporated Society, other legal not for profit entity) [insert text here] | | | |
| New Zealand Companies Office Register number: [insert text here] | | | |
|  | Email address for fund remittance[insert text here] | | | |
|  | Do you have Social Services Accreditation Level 4 or above (if yes please include your provider number. If no, please provide a copy of your latest audited financial accounts): [insert text here] | | | |
| I understand that a second year of grant funding is conditional on obtaining Social Services Accreditation Level 4 within six months of the grant start date[[1]](#footnote-1).[insert text here] | | | |
|  | I understand that a second year of grant funding is conditional on discussion and negotiation with MSD about how my organisation is contributing towards creating a food secure community. [insert text here] | | | |
|  | Physical address:[insert text here] | | Postal address (if different): [insert text here] | |
|  | Please provide details of the person we can contact if we require more information. This person will receive all communications from the Ministry of Social Development: | | | |
| Name: | | [insert text here] | |
| Position title: | | [insert text here] | |
| Email: | | [insert text here] | |
| Phone number: | | [insert text here] | |
| Mobile number: | | [insert text here] | |
|  | Please provide contact details of at least one referee who has a good standing in the community. Ensure you obtain consent of the referee prior to providing their details. | | | |
| Referee 1 Name: [insert text here] | Contact details:[insert text here] | | Position in the community:[insert text here] |
| Referee 2 Name: [insert text here] | Contact details:[insert text here] | | Position in the community: [insert text here] |
| Section two: About your Service*(limit 100 words per section)* | | | | |
|  | Briefly describe your organisation. Include how your governance and management structures reflect the communities in which you operate:[insert text here] | | | |
|  | Describe your foodbank, food rescue or other community food service (keep in mind eligibility criteria of this fund). Include detail on the processes followed to identify or assess client need, provide food and refer clients to other support: [insert text here] | | | |
|  | **Who are the cohorts that your service supports with food? Describe the connections your organisation has with these cohorts. How many people, families or whānau do you support each year, and how frequently do they receive food?** [insert text here] | | | |
|  | Describe how COVID-19 has impacted your service and how you have adapted to respond. *For example, costs, changes to your service delivery or operating model, any increase in demand.* [insert text here] | | | |
|  | **Which Territorial Authorities does your organisation support with food (or Auckland: North, South, East, West)?** <https://www.civildefence.govt.nz/assets/Uploads/cdem-groups-and-councils-september-2013.pdf>  *In each Territorial Authority please estimate the percentage of the total food provision your organisation supports, for those people, families and whānau that can’t afford food.*   |  |  |  | | --- | --- | --- | | **Territorial Authority (or Auckland Board)** | **Percentage of total food distributed** | **Any comment** | |  |  |  | |  |  |  | | | | |
|  | **Is your organisation supporting or collaborating with any other organisations with food? Will this funding support them, or might they also apply individually?**  *Add lines as necessary*   |  |  |  | | --- | --- | --- | | **Name of organisation** | **Contact person details** | **Separate or on behalf?** | |  |  |  | |  |  |  | |  |  |  | | | | |

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|  | **How much did your service cost per annum, pre COVID-19? (GST exclusive)** | | $ |
|  | **How much do you expect the total cost of your service will be per annum now?** *Assume Alert Level 2 or below.* | | $ |
|  | **Do you have any outstanding funding applications where you will be applying for the same costs[[2]](#footnote-2)? (ie. where the funding has not yet been secured)**  *Please name the funder, the amount applied for and any other comments here* | | |
|  | **In the table below, describe the increased costs that you would like funding for, and the amount:** | | |
|  | Description/expense ($ GST exclusive) | **2020 / 2021** | **2021/2022** |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
| Community Food Response Grant Fund total requested | **$** | **$** |
| Allow for NZ Food Network to supply an estimated 20% of your increased need for food stocks. | $ | $ |
| **Other funders contribution or in-kind contribution** *where the contribution is secured*  [insert text here] | $ | $ |
| Total increased costs: | $ | $ |

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| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Section three: Terms and Conditions of the Grant | | | This section outlines the Terms and Condition of the Grant Fund that apply for all grant recipients.   1. The recipient must only use the Grant for increased costs of operating during this period. 2. The recipient will inform the Ministry of any funding you receive from any other Government source for your services. 3. The recipient agrees to acknowledge the assistance of the Ministry in any publicity about their service. 4. The recipient will not do or omit to do any act that brings the Ministry into disrepute. 5. The recipient will repay a portion of the funding paid by the Ministry, if either the recipient does not satisfactorily deliver their service; or does not complete their service because this Grant is terminated. 6. This Grant is a one-off contribution to offset the increased costs of food distribution during this period. The Ministry cannot guarantee that there will be any money available to further fund your service and the recipient should not expect or rely on continuing funding. 7. Grant payments made to recipients who are GST registered will be subject to GST. 8. This Grant may be superseded by a subsequent grant. Both parties will negotiate in good faith if entering a subsequent grant. 9. The Ministry reserves the right to terminate the Grant if the recipient does not comply with these terms and conditions. 10. The recipient will not subcontract or assign the benefits or obligations of this Grant with any organisation other than an organisation/s specified in this Grant without prior written permission from the Ministry, and no third party may enforce this Grant, 11. MSD may request information on us or this Grant including what was done, the impact and how the funds were spent. 12. The recipient must maintain financial records of the Grant expenditure including the retention of receipts for auditing purposes. 13. The recipient acknowledges that the Ministry will publish the names of recipients that have received funding and the purpose and amount of funding. | | |

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|  | | Section Four: 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 * our organisation has the necessary skills and experience to manage this project,  and we have the authority to commit our organisation to this application * before 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   Information contained in this application may be used to inform any future evaluation of the Fund that the Ministry of Social Development or contracted evaluators may conduct. | | |
| Full name: | |  |
| Position/designation in organisation: | |  |
| Signature: | |  |
| Date: | |  |
| Full name: | |  |
| Position/designation in organisation: | |  |
| Signature: | |  |
| Date: | |  |
| Thank you! Please submit your completed application form to: [foodsecure@msd.govt.nz](mailto:foodsecure@msd.govt.nz) | | | |

1. The Social Sector Accreditation Standards and Application form can be found at: <http://www.msd.govt.nz/what-we-can-do/providers/approvals/accreditation-standards.html> [↑](#footnote-ref-1)
2. We are aware that Ministry for the Environment is prioritising food rescue and recovery through the Waste Minimisation Fund this year with similar deadlines and will coordinate with them. [↑](#footnote-ref-2)