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**Application for Innovation Grant**

**Community Participation Providers within the Disability Sector**

**June 2023**

Kia ora,

Thank you for your interest in applying for the Innovation Grant for Community Participation services for disabled people in Aotearoa New Zealand.

To be eligible for the Innovation Grant, your organisation must:

* be already providing Community Participation services - including Community Participation, Very High Needs, Transition from School, Business Enterprise - for disabled people in Aotearoa New Zealand
* be currently funded by MSD
* have an initiative that aligns with the Enabling Good Lives approach and promotes innovation in processes, reporting and/or systems.

Before sending in your application please read [the Guidelines for Innovation Grant – Community Participation](https://www.msd.govt.nz/documents/what-we-can-do/disability-services/innovations-funding/guidelines-for-innovation-grant-application-process-community-participation.pdf). This tells you all you need to know about the grant process.

Please note you can ask for a grant of up to $7,500 to get support to develop your plan. This amount will be provided up front. The full plan will need to be submitted within three months of the receipt of the $7,500. Once the Innovation plan is submitted it will be evaluated to determine the amount of funding each provider will receive.

To apply please fill in the application form below, sign it and send to [**vocational\_services\_disability@msd.govt.nz**](mailto:vocational_services_disability@msd.govt.nz) **anytime from June 2023**.

If you have any questions, please get in touch with us at [**vocational\_services\_disability@msd.govt.nz**](mailto:vocational_services_disability@msd.govt.nz).

1. **Name of provider (legal name and known as)**
2. **Key contact’s name**
3. **Key contact’s role**
4. **Key contact’s email**
5. **Phone/mobile number**
6. **Name of Relationship Manager at MSD**
7. **Please describe how your organisation is currently aligning to the EGL approach.**
8. **Type of service(s) which your innovation plan is related to (CP, VHNs, BE, Trans from school)**
9. **Please describe your initiative, how this will support your organisation to better meet EGL approach and support your participants to become more involved in their community.**
10. **How would your initiative help deliver better experiences and outcomes for those receiving your services?**
11. **Describe if there are any priority groups included in your plan – including Māori, Pacific and Ethnic communities.**
12. **Provide a detailed budget outlining how the funds will be used.**
13. **Provide a timeline for the implementation of your initiative.**
14. **Provide the location at which your initiative will be implemented.**

Name:

Role:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e-signatures accepted)