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**Age friendly Fund application form Aug-Sept 2024**

Thank you for your interest in an Age friendly Fund grant. **Before** completing this form, please read the [Age friendly Fund Guidance](https://officeforseniors.govt.nz/our-work/age-friendly-communities/funding-for-age-friendly-communities/) document and **contact us** to discuss your project at [agefriendlyfund@msd.govt.nz](mailto:agefriendlyfund@msd.govt.nz). **Applications close on 30 September 2024.** *(Applications received after 30 September 2024 will not be accepted.)*

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| **1. Organisation details** | | | |
| **Organisation** |  | | |
| **Street address** |  | | |
| **Postal address** |  | | |
| **Suburb and post code** |  | | |
| **Telephone** |  | | |
| **Legal status**  For non-council applicants please state if a registered charity (include charity number), incorporated society, if you have previously had a contract with MSD and/or have a Social Services Accreditation Level 4. *(Note if you are an individual or business you are* ***not*** *eligible to apply.)* | Council Y/N  If Non-council:  Registered Charity Y/N  Charity # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Incorporated Society Y/N  Previously had contract with MSD Y/N  Social Services Accreditation Level 4 Y/N  GST registered Y/N  GST Registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Location of project**  The city, district, town or community your project will support/focus on |  | | |
| **Council links**  For non-council applicants, please also identify your relevant local city or district council. *You will need a letter of support from your city or district council.* |  | | |
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| **2. Contact details** | | | |
| Who will coordinate the project?  **Name** |  | | |
| **Job title/position** |  | **Email** |  |
| **Telephone** |  | **Mobile** |  |
| Who will be the media contact for the project?  **Name** |  | | |
| **Job title/position** |  | **Email** |  |
| **Telephone** |  | **Mobile** |  |
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| **3. Project information** | | | |
| **Project Title** |  | | |
| **Project Summary** – Please provide a brief summary of what your project is about. *(This description may be used on our website if application successful.)* |  | | |
| **Funding requested**  Grants are for $5,000 up to $15,000 |  | | |
| **Project start date**  Projects should be scheduled to start after 1 January 2025. |  | | |
| **Completion date**  Projects should be completed by 31 December 2025. |  | | |
| **Community need**  Describe the purpose of the project, the identified community need your project will address and how your project will address it.  Outline the short, medium and long-term benefits of your age friendly project.  Please also describe how the project aligns with relevant Council strategies, plans or priorities and the aims of the World Health Organization’s Age friendly framework. |  | | |
| **Project focus and activity**  Provide a clear description of the phases and activities of your project including key milestones and deliverables. Explain the roles of different people and how the project will be managed.  *You may wish to include a separate project plan.*  Describe how the activity will be maintained once the project funding ends. |  | | |
| **Engagement**  Unless included elsewhere, describe how older people will be involved in the project, including how diversity of opinion is ensured and/or if particular groups are targeted.  Describe how key stakeholders will be engaged and identify the roles of key partners. |  | | |
| **Evaluation**  Unless noted elsewhere, please summarise how you will evaluate the project outcomes. |  | | |

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| **4. Project funding** | | | | | | | |
| Please identify all proposed sources of funding for your project. For in-kind support please estimate a dollar value. Please also indicate whether funding is confirmed or not. Please include evidence for other support with your application. We have provided an example below. | | | | | | | |
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| Amount | Source organisation | | | Type of support  (eg, grant, in-kind) | | | Status  Confirmed or unconfirmed |
| $6,000 | ACME TRUST | | | Grant | | | Confirmed |
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| **5. Proposed spending** | | | | | | | |
| Please show how funding (including the Age friendly Fund grant) will be spent. This proposed budget should align to the activities contained in your project plan. We have provided an example below. | | | | | | | |
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| Item | | | Amount | Source organisation(s)  Where funding for this budgeted item will come from, and the value for each. | | | |
| Information Gathering & and Analysis | | | $6,000 | * 3,000 (Age friendly) * 2,000 (Council grant) * 1,000 (Data Co) | | | |
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| **6. Grant conditions** | | | | | | | |
| The Office for Seniors will pay the Grant to successful applicants under the following conditions:   1. The Provider must continue to undertake the Services for the Term of this Grant. 2. The Provider must only use the Grant for the services described in the Letter of Grant. 3. The Provider shall inform the Office for Seniors in writing of any funding it receives from any other source for the services. 4. The Provider agrees to acknowledge the assistance of the Office for Seniors in any publicity about the services. 5. The Provider agrees to participate in publicity the Office for Seniors may have about the Services and agrees that the Office for Seniors may make information about the grant such as provider name, level of funding and the nature of the Services available to the public. 6. The Provider shall comply with all relevant provisions of the Privacy Act 2020 in relation to personal information collected whilst working on agreed projects or activities related to the Services, especially provisions relating to collection, use and storage. 7. The Provider agrees to assist the Office for Seniors to monitor and evaluate the progress in providing the Services including allowing the Office for Seniors to have reasonable access to all records and financial accounts relating to the Services. 8. If the total value of the grant is over $10,000 then the Office for Seniors shall make two payments, subject to parliamentary appropriation, to the Provider and the nominated account. The first payment will be made within 15 working days of the Office for Seniors receiving the signed Letter of Grant. The second payment will be made within 15 working days of approval of the interim progress report. If the total value of the grant is $10,000 or less, the Office shall make one payment, to the Provider and the nominated account within 15 working days of the Office for Seniors receiving the signed Letter of Grant. (These timeframes are subject to receiving an invoice from you quoting the appropriate Ministry of Social Development purchase order.) 9. In the event the Provider cannot complete the Services during the term for any reason whatsoever (excluding the reason in the following clause), the provider will return any unexpended Grant money to the Office for Seniors within five working days. 10. In the event the Provider is contemplating winding up or dissolution, or is being wound up, it will notify the Office for Seniors before any formal decision or Court order is made, or resolution passed to dissolve the Trust. The Provider will refund any unexpended Grant money within 30 working days and in any event before the Provider is placed into liquidation or the Trust is dissolved. 11. The Grant is a one-off contribution towards the project. The Office for Seniors cannot guarantee that there will be any money available for further funding and the Provider should not expect or rely on continued funding. 12. The Office for Seniors reserves the right to terminate the Grant immediately if the provider does not comply with these terms and conditions. 13. The Office for Seniors may terminate the Letter of Grant by giving seven days’ notice if the Provider breaches its obligations under the Letter of Grant. Upon termination the provider is required to return any unspent funds to the Office for Seniors within five working days. 14. The Provider agrees to advise the Office for Seniors in writing immediately of any changes to its contact details, legal structure or nature of business. 15. The Provider agrees to make available to the Office for Seniors any photography produced for use in other areas, if requested by the Office for Seniors. 16. In the first instance in the event of any dispute arising out of or in connection with the Letter of Grant the parties will try to resolve the issue themselves. If the parties are unable to settle the dispute it will be referred to arbitration in accordance with the Arbitration Act 1996. 17. No variation to the Letter of Grant shall be effective unless it is in writing and signed by both parties. 18. The Provider shall not transfer or assign any of its rights or obligations under the Letter of Grant without the Office for Senior’s prior written approval. | | | | | | | |
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| **7. Declaration** | | | | | | | |
| * I am authorised to sign legal documents on behalf of my organisation. * All the information provided in this application, including all attachments, is true and correct. * The organisation is financially viable and able to meet all accountability requirements. * I give permission to the Office for Seniors, if applicable, to contact any persons or organisations in the processing of this application and understand that information may be provided to other agencies, as appropriate. * If a grant is provided, I am aware the Grant Conditions as outlined in section six of this document, will apply to ensure projects are appropriately completed and accountability requirements are met. * If a grant is provided, I agree to ensure that appropriate insurances are in place (e.g. worker’s compensation, volunteers, professional indemnity, public liability, motor vehicle etc.). * If a grant is provided, I agree to run the project as stated and provide the Office for Seniors:   + an update report on project progress as specified in the grant agreement   + a final report within the term specified in the grant agreement; and   + a statement of income and expenditure for the project (signed by the authorised signatory). | | | | | | | |
| Signature | |  | | | | | |
| Name | |  | | | Date |  | |
| Job title/position | |  | | | Email |  | |
| Telephone | |  | | | Mobile |  | |

The person signing this application must be able to enter into contracts on behalf of your organisation. This may be a formally authorised delegate, according to your organisation’s constitution or as bound by law. All correspondence will be addressed to this person.

# Submitting your application

Please complete the checklist below before you send us your application.

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| Complete | Requirement |
| ☐ | Contact the Office for Seniors to discuss your proposed project and application before you submit your application. |
| ☐ | The authorised signatory and project officer have read and understood the Age friendly fund grant application guidelines. |
| ☐ | All questions in the Age friendly fund grant application form are completed. |
| ☐ | The application addresses the evaluation criteria specified in the Age friendly Fund grant Guidance document. |
| ☐ | The legally authorised officer has read and completed the declaration in section 7. |

**Attachments**

Make sure you include the following attachments with your application, including any references or studies that support your project

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| Included | Attachment |
| ☐ | A scanned copy of the signed application form. |
| ☐ | A copy of the full project plan (if applicable). |
| ☐ | Letter(s) of support from your council and any other organisations participating or contributing to your project. Letters from your council should show linkages with relevant strategies, policies or commitments. |
| ☐ | Research to support your project (please list): |
|  | ☐ |
| ☐ |
| ☐ |
| ☐ |
| ☐ |

**Applications**

Please send your application to [agefriendlyfund@msd.govt.nz](mailto:agefriendlyfund@msd.govt.nz) by the closing date of 30 **September 2024.** *Late applications will not be accepted***.**