Family Violence Regional Governance

Grant Application Form



Intention for Funding

This funding is intended for Non-Government Organisations (NGO) and Iwi to participate at family violence **Regional Governance** tables.

This is **not** for local governance at the individual Risk Assessment (SAM) tables.

The daily sitting fee for NGOs and Iwi to participate at Regional Governance is \$360.00 (excl. GST) as set out by the State Services Commission fees framework. This is inclusive of reasonable travel/meal costs.

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Tell us about your group /organisation		
Name of your group/organisation:		
MSD provider number:		
Physical address:		
Only complete this section if you are NOT an existing N	ISD provider	
Complete this section if you are not currently funded by MSD		
Provider/Iwi trading name:		
Legal name of organisation/Iwi¹:		
Registration number (if applicable):		
GST number:		
Site/Area:		
Bank account details (please include a bank deposit slip)		
Key Contact Details		
Name:		
Position/Role in your group/organisation:		
Contact telephone/Mobile number:		
Email address:		

¹ This name is set out in the certificate of incorporation, Trust Deed or Constitution. Please attach a copy of the certificate of incorporation, Trust Deed or Constitution

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Family Violence Regional Governance confirmation		
Name of Regional Governance Group		
Name of Chairperson		
Chairperson confirmation to support application	Signature	
Email & contact number for Chairperson		
Scheduled Governance meetings		
Financial Year	Total meetings schedule per year	
(Please note you can only apply for the current year)		
1 July 20 to 30 June 20		
Applicant Declaration		
 This section needs to be signed by two people in your group/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. 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 service/initiative for which we are seeking funding, 		
for the purpose of assessing the application, administering the service/initiative and/or evaluating the service/initiative. • we will not be holding any personal information for or on behalf of the Ministry of Social Development;		
 any funding arrangement will be subject to ongoing and periodic review to ensure the service/initiative delivered is fit-for-purpose, and continues to be effective and meet its intended objectives; 		
we agree to follow the Privacy Act and any other applicable rule or enactment when handling any personal information.		
Full name:		
Position/designation in organisation:		

Signature:

Full name:

Signature:

Date:

Date:

Thank you for taking the time to complete every section

Please submit your completed application form to ICR-B19@msd.govt.nz

Position/designation in organisation: