



Care in the Community Disability Welfare Fund Application

Deadline 5:00 PM 29 September 2022

→ **Note:** Please complete all relevant sections. Incomplete information may mean your application can't be considered for funding.

Section one: About your organisation

1 Organisation's legal name

2 Organisation's trading name

(if different from legal name)

3 Legal entity type Select only one

- Charitable Trust
 - Contractor
 - Crown Entity
 - Educational Institution
 - Government Department
 - Incorporated Society
 - Māori Trust Board
 - Other
-

- Registered Company
- Sole Trader
- Territorial Authority

4 Organisation type

Select only one

- Community organisation
- Early Childhood Centre
- Government Agency
- Independent Individual Provider
- Iwi
- Maata Waka (Non Iwi Māori Organisation)
- Other

- Primary School
- Private
- Private Training Establishment
- Regional Council
- Secondary School
- Technical Institute
- University

5 New Zealand Business

Number (NZBN) - (you can find more information [here](#))

6 Physical address of organisation

7 Postal address of organisation (if different from above)

8 Please provide details of the person we can contact if we require more information. This person will receive all communications related to this fund from the Ministry of Social Development:

Name:

Position title:

Email:

Phone number:

9 Please provide your organisation's bank account details:

Account Number:

Account Name:

Please include scanned authorised/stamped stationery, bank deposit slip or similar (originals may be requested later).

10 GST Number

(If not registered, please answer N/A)

11 If your application is successful, your organisation's contact details will be published on the Ministry of Social Development website. Please provide contact details of your organisation:

Phone:

Email:

Mobile (if applicable):

Web URL (if applicable):

Facsimile (if applicable):

12 Which MSD region best represents the geographical area that you cover/service?
Select only one



- Northland
- Auckland
- Bay of Plenty
- Waikato
- East Coast
- Taranaki
- Central
- Wellington
- Nelson/Marlborough/West Coast
- Canterbury
- Southern

Section two: Application details

- 1 Which fund do you want to apply for?**
Select only one
- the Direct Support fund (COVID-19 Wellbeing Grants)
 - the Provider-led Innovation fund
 - both funds
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- 2 Your reach into the community**
- a) Do you have reach into one or more of the priority ethnic groups? If so, please describe your ability to reach these groups (Māori, Pacific, Ethnic and Migrant)

- b) Tell us about how you work with and effectively support disabled people and whānau

How do you intend to support the needs of disability communities in regions/areas that have less access to support services?

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- 3 Are you a Kaupapa Māori provider?**
- Yes
 - No
-

4 How many disabled people and whānau do you expect to support?

Only answer question 5 if you are applying for the Direct Support Fund

(if not, please continue to question 7)

5 Based on the funding amount information on the website, how much funding are you applying for?

6 Demonstrate your ability to reach disabled people and whānau and how you will achieve this. This could include your existing services and reach into the community and how you would administer the direct support funding.

Only answer question 7 if you are applying for the Provider-led innovation fund

(if not, please continue to question 10)

7 Based on the funding amount information on the website, how much funding are you applying for?

8 How does your community initiative contribute to one or more of the four outcomes of the fund and positively impact the wellbeing of disabled people and whānau?

9 How would you deliver this community focused initiative?

10 If you are successful in your application when do you anticipate being able to start delivery of the Direct Support fund or Provider-led initiative?

Section three: Completion of Application

In signing this form, we acknowledge that:

- the details given in this application, or supplied by us in support of our application, are true and correct
- completion of this application does not obligate the Ministry of Social Development to award funding to our organisation
- I am authorised to make this application on behalf of my organisation
- our organisation has the necessary skills, experience and capacity to manage this fund
- if section one of our application is not fully completed, our application may not progress to evaluation and therefore may be unsuccessful
- if our application is successful, our organisation's contact details and amount of funding will be published alongside other successful applicants on the Ministry of Social Development website
- all providers contracted by the Ministry of Social Development:
 - Must have appropriate processes in place, including criminal conviction checks, for the recruitment of staff, and ensure that any subcontractors involved in the delivery of the services also have and implement appropriate processes (including criminal conviction checks) for the recruitment of staff
 - Must fully disclose to the Ministry of Social Development details of any staff, or subcontractors and their staff, who do have criminal convictions, including the nature of those convictions before the commencement of service delivery.

Signed

Date

Name

Role (job title)

Email Address

Date

Go through the checklist below to make sure you have provided all the information.

Save and email this form to cicdisabilityfund@msd.govt.nz no later than 5.00pm Thursday 15 September 2022.

Please put your organisation's name in the subject line of your email.

Kia ora thank you, that's the end of the application.

If you need assistance with this application and:

- you cannot answer all required questions, and/or
- you have a question about the application

Check the Q&As posted on the MSD website or contact the team:

cicdisabilityfund@msd.govt.nz

Checklist

Please use this checklist to ensure you have completed all the necessary information to ensure your application can be considered for funding.

I have:

- Completed all of Section one: About your organisation (12 questions) and provided all the answers required of me in Section two
- Included scanned authorised/stamped stationery, bank deposit slip or similar
- Selected one MSD region that best represents the geographical area we deliver services to
- Selected which fund(s) our application is applying for
- Indicated how many disabled people and whānau we expect to support
- Submitted the application form no later than 5:00pm Thursday 15 September
- Put our organisation's name in the subject line of our submission

In signing this form, we acknowledge we have completed all the necessary information required for our application

Signed

Date

Name
