# Grant funding application

# Family Violence and Sexual Violence Accessibility grant funding

## About this opportunity

As part of the [Ministry of Social Development (MSD) Accessibility Fund](https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/accessible-family-and-sexual-violence-services-for-disabled-people-fund-the-accessibility-fund.html), MSD is undertaking a closed, competitive grant funding process. MSD-funded Family Violence and Sexual Violence (FV/SV) providers[[1]](#footnote-2) wishing to improve the physical and/or digital accessibility of their services can apply to this opportunity.

**To apply for this grant opportunity, submit this grant application form (application) via email (****accessibilityfund@msd.govt.nz****). The closing date for this grant opportunity is 5pm, Monday 12 August 2024.**

## Instructions for applicants

1. Please follow the layout of this application and do not change the section headings and sequence as this needs to be consistent across all applicants.
2. To ensure applications remain accessible:
	* avoid creating additional tables in the application
	* avoid amending the formatting in the application
	* submit a Word version of the application
	* outline relevant information from additional support documents, such as quotes in the application
3. Please note, there is a 300-word limit on each Evaluation Criteria response.
4. Everything shaded in BLUE is customisable by you. When you have completed these areas, please un-shade them.

## Checklist for applicants

|  |
| --- |
| Please ensure you have: 1. Read and understood:
	* The FV/SV Accessibility grant Guidance Document, including the FV/SV Accessibility Grant Application Terms.
	* The FV/SV Accessibility Grant Frequently Asked Questions (FAQs).
2. Completed and submitted your application, including:
	* All sections of the application.
	* Un-shaded the BLUE highlighting when you have completed your answer.
	* Signed the declaration at the bottom of the application. If this is a joint or consortium application, make sure all the consortium members sign separate declarations.
	* Ensured you have provided valid quotes/estimates that provide a breakdown of the costs.
	* Ensured you have provided any supporting materials, such as property ownership/lease evidence and landlord/owner modification approval (if the application proposes physical modifications to a property).

Completed and submitted the MSD Accessibility Self-Assessment via [the Accessibility Self-Assessment Survey Monkey link](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.surveymonkey.com%2Fr%2Faccessibility_self-assessment&data=05%7C02%7CMaria.Shardlow020%40msd.govt.nz%7C5fbec69e273a4e9c5c0d08dc955ad6c9%7Ce40c4f5299bd4d4fbf7ed001a2ca6556%7C0%7C0%7C638549464579088131%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=PRMetu7DA%2F%2FqKeo3NVN%2FnQ543%2FHtPNdFSRXX7nenxFw%3D&reserved=0). If you would like an accessible version of the Accessibility Self-Assessment, please contact us at accessibilityfund@msd.govt.nz |

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| --- | --- |
| **Applicant Information** | **Detail** |
| **Full legal name:** | [Insert the name that you do business under] |
| **Trading name (if different):** | [If applicable] |
| **Physical address:** | [Put the address of your head office] |
| **Postal address:** | [e.g., P.O Box address] |
| **Registered office:** | [If you have a registered office insert the address here] |
| **Business website:** | [url address] |
| **MSD Provider number:** | [MSD provider number] |

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| --- | --- |
| **Our point of contact** | **Detail** |
| **Contact person:** | [Name of the person representing the Provider and responsible for communicating with MSD] |
| **Position:** | [Job title or position] |
| **Phone number:** | [Landline] |
| **Mobile number:** | [Mobile] |
| **Email address:** | [Work email] |

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|  | **Pre-conditions** | **Meets** |
| 1. | The applicant is a current MSD-funded FV or SV provider who delivers direct to client services (at time of application closing date – 12 August 2024) | Yes/No |
| 2. | The proposed accessibility enhancements do not duplicate items or services already funded under other MSD contracts | Yes/No |
| 3. | The applicant must have completed and submitted the ‘Accessibility Self-Assessment’ via [the Accessibility Self-Assessment Survey Monkey link](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.surveymonkey.com%2Fr%2Faccessibility_self-assessment&data=05%7C02%7CMaria.Shardlow020%40msd.govt.nz%7C5fbec69e273a4e9c5c0d08dc955ad6c9%7Ce40c4f5299bd4d4fbf7ed001a2ca6556%7C0%7C0%7C638549464579088131%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=PRMetu7DA%2F%2FqKeo3NVN%2FnQ543%2FHtPNdFSRXX7nenxFw%3D&reserved=0).  | Yes/No |
| 4. | Pre-conditions for physical modifications to the applicants property ONLY: *(these conditions only apply to applicants applying for funding to make physical modifications to their property)* * If applying for funding to make physical modifications to the applicant’s property where the FV/SV services are delivered, the property must be owned by the applicant or have a minimum of two years remaining on the lease term (at time of application closing date – 12 August 2024). Evidence must be submitted in writing alongside the application.
* For rented properties, the applicant must have written permission from the landlord/owner regarding the proposed modification/s. This must be submitted in writing alongside the application.
 | Yes/No /NA |

## MSD region

In the table below select the MSD region(s) that this application applies to:

|  |  |
| --- | --- |
| **MSD region/s** | **Select by writing Yes** |
| Northland |  |
| Auckland |  |
| BOP |  |
| Waikato |  |
| Taranaki |  |
| East Coast |  |
| Central |  |
| Wellington |  |
| Nelson/Marlborough/West Coast |  |
| Canterbury |  |
| Southern |  |
| Multiple (list the regions below) |  |
| [If this application would benefit multiple regions, please list the regions] |  |

## Category selection

In the table below select the category/s that this aligns to:

|  |  |  |
| --- | --- | --- |
| **#** | **Category** | **Aligns to**  |
| 1. | Digital enhancement | [Yes/No] |
| 2. | Information accessibility enhancement | [Yes/No] |
| 3. | Physical property enhancement | [Yes/No] |
| 4. | Other enhancement | [Yes/No] |

# Response to the Evaluation Criteria

## 1. Current state

*(Note: this evaluation criterion is compulsory however is not weighted)*

In the box below, outline the MSD FV/SV services the applicant delivers and how disabled people/tāngata whaikaha Māori are currently limited in accessing these services.

|  |
| --- |
| [Insert response details here – reminder there is a 300-word limit on each Evaluation Criteria response] |

## 2. Proposed increase access to FV/SV services

*(Note: the weighting of this evaluation criteria is 40%)*

In the box below, explain how the applicant proposes to improve access to the applicants MSD FV/SV services for disabled people/tāngata whaikaha Māori.

Please include:

* How the proposed accessibility enhancement/s (digital, accessible information, physical and/or any other modifications) will increase access for disabled people/tāngata whaikaha Māori to the applicants FV/SV services.
* The order of priority, if are proposing multiple accessibility enhancements are being proposed.
* Any other initiatives/projects/modifications being undertaken [outside of this funding] which may enhance disabled peoples’ access to the applicants FV/SV services.
* Anything outside of the proposed accessibility enhancement/s which could pose a risk to enhancing access to services e.g., internal organisational changes or disruption, structural building work etc.

|  |
| --- |
| [Insert response details here – reminder there is a 300-word limit on each Evaluation Criteria response] |

## 3. Relationships and commitments

*(Note: the weighting of this evaluation criteria is 30%)*

To demonstrate the applicants relationships and commitment to supporting disabled people/tāngata whaikaha Māori, in the box below, please provide a high-level overview of the applicants existing:

* Relationship with Māori, Pacific Peoples, and ethnic groups.
* Relationships with the disability sector/disabled people/tāngata whaikaha Māori.
* Disability action plan and/or strategy and/or disability policy, and how this attempts to improve disabled people/tāngata whaikaha Māori’s access to the applicants FV/SV service/s. *If the applicant does not currently have a disability action plan and/or strategy and/or disability policy, describe how the applicant is committed to meeting the accessibility needs of disabled people/tāngata whaikaha Māori.*

|  |
| --- |
| [Insert response details here – reminder there is a 300-word limit on each Evaluation Criteria response] |

## 4. Implementation plan

*(Note: the weighting of this evaluation criteria is 30%)*

Complete the implementation table below, describing how the proposed accessibility enhancement/s will be implemented. Please include:

* The applicants capability to implement the proposed changes/s.
* Any work or supporting documents required to fully implement the proposed improvement/s.
* Any challenges the applicant foresees related to the implementation of enhancements, and how the applicant proposes to overcome these challenges.
* Rationale if the applicant anticipates the proposed enhancement(s) will not be delivered within 12 months of contracting. Funding will be allocated for the financial year ending 30 June 2025 (F2025), and providers will be strongly encouraged to utilise the majority of the allocated funds within this timeframe.

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| --- | --- |
| **Implementation table**  | **Anticipated completion date** |
| [Please detail how and when you envisage the proposed enhancement/s outlined in this application will be completed] | [Date] |
| Example only: Step 1 – Contract builders to fit the new accessible bathroom | [Date] |
| Example only: Step 2 – Arrange alternative bathroom facilities while building work takes place | [Date] |
| Add additional rows as required to outline various steps | [Date] |

**Additional details**

|  |
| --- |
| [Insert any additional details here, such as challenges you foresee and how they would be overcome, and supporting implementation documents provided. A reminder there is a 300-word limit on each Evaluation Criteria response, excluding supporting document/s such as building permits] |

## 5. Budget

*(Note: this evaluation criterion is compulsory, however, is not weighted)*

In the below table, please provide quote(s)/price estimate(s) for the proposed accessibility enhancement/s within the $75,000 cap (*digital, accessible information, physical and/or any other modifications)*

| **High-level breakdown of estimated costs** | **$ estimated cost excluding GST** |
| --- | --- |
| Example only – costs associated with building permit | *$5,000* |
| Example only – building renovation | *$30,000* |
|  |  |
|  |  |
| **TOTAL** | *$35,000* |

To ensure the proposed accessibility enhancement(s) can be fully implemented, in the box below please outline how **any additional costs** will be met. Please provide organisational agreement to cover costs:

* If the written quote is over the $75,000 cap, and/or;
* Related to any unforeseen costs that arise during the proposed enhancements, for example additional work costs and asbestos discovery
* Any ongoing costs related to the proposed accessibility enhancement.

|  |
| --- |
| [Insert any additional details here, such as how additional costs will be met. A reminder there is a 300-word limit on each Evaluation Criteria response, excluding supporting document/s such as quotes] |

**Please ensure you submit all written quotes/estimates relating to this application with your application.**

# Our declaration

|  |  |
| --- | --- |
| **Topic** | **Applicant’s Declaration** |
| **FV/SV Accessibility grant application Terms:** | I/we have read and fully understand this application, including the FV/SV Accessibility application Terms. I/we confirm that the applicant agrees to be bound by them. |
| **Pricing:** | I/we agree to the pricing outlined in the application is true and correct and is for the purpose of enhancing access for disabled people/tāngata Whaikaha Māori only.  |
| **Collection of further information:** | The applicant authorises MSD to:collect any information about the applicant, except commercially sensitive information, from any relevant third party.use such information in the evaluation of this application. The applicant agrees that all such information will be confidential to MSD. |
| **Information disclosure:** | By submitting this application, the applicant agrees that MSD may use the information provided in this application for the purposes of:the current state analysis MSD will undertake, and which MSD may make available to the public. The analysis intends to provide a fuller understanding of the accessibility gaps in the family and sexual violence sector, and the existing barriers for disabled people. When we use the information provided for this purpose, we will remove personal information like names and addresses, and will group data in a way in which it cannot reasonably be expected to identity individuals or applicants; and MSD will treat any information provided in the application as confidential. This means that we will not use or disclose the information you provide to any person or organisation other than:to the extent that use or disclosure is necessary for the purposes outlined above;to the extent you give your prior written approval to the use or disclosure;if the use or disclosure is required by law (including under the Official Information Act 1982);if the information has already become public, other than through a breach of confidentiality by MSD.To the extent that the information you submit in the application is personal information, we will abide by our obligations under the Privacy Act 2020. |
| **Requirements:** | I/we have read and fully understand the nature and extent of MSD’s grant funding. I/we confirm that the applicant has the necessary capacity and capability to fully meet or exceed the requirements and will be available to deliver throughout the relevant Contract period. |
| **Property ownership:**  | If this application relates to physical modifications to a property, I/we confirm:this application relates to the property which our MSD-funded FV/SV services are delivered from.we either own the property or have provided appropriate evidence of a minimum of two years remaining on our lease (at time of application closing date – 12 August 2024).if the property is rented, I/we have received the appropriate written permission from the landlord/owner regarding the proposed modification/s. all relevant documentation has been provided to support this application. |
| **Ethics:** | By submitting this application, the applicant warrants that it:has not entered into any improper, illegal arrangements.has not directly or indirectly approached any representative of MSD (other than the Point of Contact) to lobby or solicit information in relation to the application. has not attempted to influence, or provide any form of personal inducement, reward or benefit to any representative of MSD. |
| **Conflict of Interest declaration:** | The applicant warrants that it has no actual, potential or perceived Conflict of Interest in submitting this application or entering into a Contract to deliver the Requirements.Where a Conflict of Interest arises during the application process the applicant will report it immediately to MSD’s Point of Contact.For more information about Conflict of Interest click [here](https://oag.parliament.nz/good-practice/conflicts-of-interest).  |
| **Details of conflict of interest:** | [If you think you may have a conflict of interest briefly describe the conflict and how you propose to manage it or write ‘not applicable’]. |
| **Applicant’s declaration** | [Agree / Disagree] |

#### **DECLARATION BY THE APPLICANT**

**I/we declare that in submitting the application and this declaration:**

* **the information provided is true, accurate and complete and not misleading in any material respect**
* **the application does not contain any material that will infringe a third party’s intellectual property rights**
* **I/we have secured all appropriate authorisations to submit this application, to make the statements and to provide the information in the application and I/we am/are not aware of any impediments to use the funds for the intended purpose by the timeline stated.**

**I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the Application may result in the application being eliminated from further participation in the application process.**

**By signing this declaration, the signatory below represents, warrants and agrees that they have been authorised by the applicant to make this declaration on its/their behalf.**

**Signature**:

**Full name**:

**Title/position**:

**Name of organisation**:

**Date**:

1. Throughout this grant process and associated documentation, ‘Provider/s’ refers to MSD-funded FV/SV provider/s; and ‘applicant’ refers to a provider who is applying to this grant process. [↑](#footnote-ref-2)