# Food Secure Communities Grant Funding

## Online Application Form

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| Section one: About your organisation | | | | | | |
|  | Legal name of your organisation: [insert text here] | | | | | |
|  | Trading name of organisation (if different): [insert text here] | | | | | |
|  | Legal status (e.g. Charitable Trust, Incorporated Society, other legal not for profit entity) [insert text here] | | | | | |
| New Zealand Companies Office Register number: [insert text here] | | | | | |
|  | Do you have Social Services Accreditation Level 4 or above (if yes please include your provider number. If no, please provide a copy of your latest audited financial accounts):[insert text here] | | | | | |
|  | **Provide a brief description of your organisation (limit 100 words)** *Include your strong and ongoing connections to groups that are vulnerable to food insecurity, and how your governance and management structures reflect of the makeup of your community.* [insert text here] | | | | | |
|  | Email address for fund remittance[insert text here] | | | | | |
|  | Physical address:[insert text here] | | Postal address (if different): [insert text here] | | | |
|  | Please provide details of the person we can contact if we require more information. This person will receive all communications from the Ministry of Social Development: | | | | | |
| Name: | | [insert text here] | | | |
| Position title: | | [insert text here] | | | |
| Email: | | [insert text here] | | | |
| Phone number: | | [insert text here] | | | |
| Mobile number: | | [insert text here] | | | |
|  | Please provide contact details of two organisations in the community who will be working with you on the plan. Ensure you obtain their consent prior to providing their details. | | | | | |
| Organisation Name: [insert text here] | Contact name & position:[insert text here] | | | Contact phone and email:[insert text here] | |
| Organisation Name: [insert text here] | Contact name & position:[insert text here] | | | Contact phone and email: [insert text here] | |
| Section two: About your Plan*(limit 100 words per section)* | | | | | | |
|  | Is there an existing food secure communities initiative that this grant funding would contribute towards, or are you planning a new one? [insert text here] | | | | | |
|  | Why is food security needed for your community (geographic or community of interest)? Which parts of your community are most vulnerable to food insecurity?[insert text here] | | | | | |
|  | What outcomes do you hope to achieve? How will this benefit people, families and whānau who are vulnerable to food insecurity? How will you measure the difference you have made?[insert text here] | | | | | |
|  | **Name the organisations that are / will be actively working together to build a food secure community? How will you work together?** [insert text here] | | | | | |
|  | **Who will convene and coordinate the initiative? What will this involve?**  [insert text here] | | | | | |
|  | **How do you intend to go about developing and implementing a food secure communities plan? Who else do you intend to engage with?**  [insert text here] | | | | | |
|  | **Which Territorial Authority/s will this initiative support (or Auckland Board)?**  <https://www.civildefence.govt.nz/assets/Uploads/cdem-groups-and-councils-september-2013.pdf>  [insert text here] | | | | | |
|  | Grants will average $10,000 per annum, totalling $20,000 over two years. Please outline how you intend to use this: | | | | | |
| Description/expense ($ GST exclusive) | | | **2020 / 2021** | | **2021/2022** |
|  | | | $ | | $ |
|  | | | $ | | $ |
|  | | | $ | | $ |
|  | | | $ | | $ |
| Food Secure Communities funding requested | | | $ | | $ |
| **Other funders’ or in-kind contributions** *(please name and advise whether an application is pending, or funding is secured)* | | | $ | | $ |
|  | | | $ | | $ |
| Total costs: | | |  | |  |

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| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Section three: Terms and Conditions of the Grant | | | This section outlines the Terms and Condition of the Grant Fund that apply for all grant recipients.   1. The recipient must only use the Grant for increased costs of operating during this period. 2. The recipient will inform the Ministry of any funding you receive from any other Government source for your services. 3. The recipient agrees to acknowledge the assistance of the Ministry in any publicity about their service. 4. The recipient will not do or omit to do any act that brings the Ministry into disrepute. 5. The recipient will repay a portion of the funding paid by the Ministry, if either the recipient does not satisfactorily deliver their service; or does not complete their service because this Grant is terminated. 6. This Grant is a one-off contribution to offset the increased costs of food distribution during this period. The Ministry cannot guarantee that there will be any money available to further fund your service and the recipient should not expect or rely on continuing funding. 7. Grant payments made to recipients who are GST registered will be subject to GST. 8. This Grant may be superseded by a subsequent grant. Both parties will negotiate in good faith if entering a subsequent grant. 9. The Ministry reserves the right to terminate the Grant if the recipient does not comply with these terms and conditions. 10. The recipient will not subcontract or assign the benefits or obligations of this Grant with any organisation other than an organisation/s specified in this Grant without prior written permission from the Ministry, and no third party may enforce this Grant, 11. MSD may request information on us or this Grant including what was done, the impact and how the funds were spent. 12. The recipient must maintain financial records of the Grant expenditure including the retention of receipts for auditing purposes. 13. The recipient acknowledges that the Ministry will publish the names of recipients that have received funding and the purpose and amount of funding. | | |

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|  | | Section Four: Applicant declaration | |
|  | This section needs to be signed by two people in your 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 * our organisation has the necessary skills and experience to manage this project,  and we have the authority to commit our organisation to this application * before 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 project for which we are seeking funding   Information contained in this application may be used to inform any future evaluation of the Fund that the Ministry of Social Development or contracted evaluators may conduct. | | |
| Full name: | |  |
| Position/designation in organisation: | |  |
| Signature: | |  |
| Date: | |  |
| Full name: | |  |
| Position/designation in organisation: | |  |
| Signature: | |  |
| Date: | |  |
| Thank you! Please submit your completed application form to: [foodsecure@msd.govt.nz](mailto:foodsecure@msd.govt.nz) | | | |