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**Food Secure Communities**

 **Implementation Fund** Digital Application Form

Note: Please enter text in MS Word. DO NOT print, handwrite, and scan.

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| **Section one: About your organisation** |
|  | **Legal name of your organisation:** *Click or tap here to enter text.* |
|  | **Trading name of organisation (if different):***Click or tap here to enter text.* |
|  | **Legal status (e.g. Charitable Trust, Incorporated Society, other legal not for profit entity)***Click or tap here to enter text.* |
| **New Zealand Companies Office Register number:***Click or tap here to enter text.* |
|  | **Do you have Social Services Accreditation Level 4 or above?** *Select from drop-down**If* ***yes****, number is: Click or tap here to enter text.**If* ***no****, please attach latest year-end financial accounts to this application* |
|  | **Successful initiatives will be required to** [**list**](https://www.familyservices.govt.nz/directory/providerapplication.htm) **in the** [**Family Services Directory**](https://www.familyservices.govt.nz/directory/) **once the initiative is underway and before 30 June 2022. Can you confirm you have done or will do this?** *Select from drop-down* |
| 1.
 | **Email address for fund remittance***Click or tap here to enter text.* |
|  | **Physical address:***Click or tap here to enter text.* | **Postal address (if different):***Click or tap here to enter text.* |
|  | **Key Contact:** 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:** | *Click or tap here to enter text.* |
| **Title:**  | *Select from drop-down* |
| **Role in organisation:** | *Click or tap here to enter text.* |
| **Email:** | *Click or tap here to enter text.* |
| **Mobile phone number:** | *Click or tap here to enter text.* |

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| **Section two: About your project *(limit 250 words per section)*** |
|  | **Provide a brief description of your organisation.** *Include any ongoing relationships you have with mana whenua and groups that are experiencing food insecurity. Include information about how your governance and management structures reflect the makeup of your community and whether your organisation is kaupapa Māori, Pacific etc.**Click or tap here to enter text.* |
|  | **Describe the initiative that your organisation is applying for funding for:** *Include how the initiative will increase access to healthy affordable food in low income communities, or will enable Māori to exercise tino rangatiratanga over food systems that feed and nourish whānau. What impact do you hope to achieve? How will the initiative be sustainable beyond the length of the funding?* *Click or tap here to enter text.* |
|  | **Priority groups/populations**When thinking about the initiative which your group/organisation is applying to this fund for, will the initiative be of benefit to any of these priority groups/communities?*Please only check the appropriate box where more than 30% of people you are supporting fall into one of these priority groups/populations – More than one box can be checked*

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| --- |
|[ ]  Ethnic minority/Migrant |
|[ ]  Māori  |
|[ ]  New Zealand European/ Pākehā |
|[ ]  Other |
|[ ]  Pacific |

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|  | **Describe how the initiative will benefit communities experiencing food insecurity?** *Is this initiative in a low income community, or that is otherwise experiencing food insecurity? Which groups disproportionately affected by food insecurity will benefit from this initiative? Has it been created in consultation with mana whenua and other groups affected by food insecurity?**Click or tap here to enter text.* |
|  | **Describe how you will implement the initiative?** *Who will lead and coordinate the initiative? What other organisations / communities will you be working in partnership with? What is your plan to implement the initiative? How will you measure and evaluate your impact?**Click or tap here to enter text.* |
|  | **List the Territorial Authority/s this initiative will support?** **If you are in Auckland please specify:** Auckland North/South/East/West/Central.[Territorial Local Government (localcouncils.govt.nz)](https://www.localcouncils.govt.nz/lgip.nsf/wpg_url/Profiles-Councils-by-type-Territorial)*Click or tap here to enter text.* |
|  | **Has your organisation previously received funding from Food Secure Communities grant fund or Community Food Response grant fund?** *Select from drop-down***If Yes, please specify:** *Click or tap here to enter text.***If Yes, have you submitted all reporting due up until and including to 10 July 2021?** *Select from drop-down* |
|  | **If Yes to 7. above, describe how this initiative builds from previous funding?***Click or tap here to enter text.* |
|  | **What are your total costs for this initiative?** *Click or tap here to enter text.* |
|  | **Have you received, or do you expect to receive funding from other sources for this project?** *Select from drop-down***If Yes, please specify:** *Click or tap here to enter text.* |
|  | **What costs are you applying for from the FSC Implementation fund?** *While we encourage you to apply for the funding that you need, please note that we expect high demand for limited funding.*  |
|  | **Description/expense ($ GST exclusive)** | **2021/2022** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **(insert more rows as required)** |  |
| **Total costs** |  |

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| **Section three: Terms and Conditions of the Grant** |
| 1. This section outlines the Terms and Condition of the Grant Fund that apply for all grant recipients.
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. The Ministry reserves the right to terminate the Grant if the recipient does not comply with these terms and conditions.
9. 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,
10. The organisation will provide a report on this Grant including what was done, the impact and how the funds were spent.
11. The recipient must maintain financial records of the Grant expenditure including the retention of receipts for auditing purposes.
12. 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 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:**  | *Click or tap here to enter text.* |
| **Position/designation in organisation:** | *Click or tap here to enter text.* |
| **Signature: *By entering your name here, you are accepting the terms and conditions of this grant.*** | *Click or tap here to enter text.* |
| **Date:** | Click or tap to enter a date. |
| Thank you! Please submit your completed application form in Word format to: foodsecure@msd.govt.nz |