** Puta Ora Food Security 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) – Note this a precondition and you must be registered with the Companies office as an incorporated society or charitable trust or other not for profit legal 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.* |
|  | **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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|  | **Provide a brief description of your organisation (150-word limit).** Include your connections to mana whenua/ hau kāinga and/or groups that are experiencing food insecurity, and how your governance and management structures reflect of the makeup of your community.Ensure you demonstrate:* How your organisation is solid and respected in your community.
* The strength of your governance and management structures and how this reflects the makeup of the communities where you operate.
* Strong and ongoing connections to communities vulnerable to food insecurity.
* Your connections or engagement with mana whenua/hau kāinga.
* Your organisation is culturally responsive to the communities where you operate

*Click or tap here to enter text.* |
| **Section two: About your initiative *(limit 150 words per section)*** |
|  | **Describe the initiative that your organisation is applying for funding for (150-word limit).** Include how the initiative will increase access to healthy affordable food and/or will enable Māori to exercise kai sovereignty. What do you hope to achieve? How will the initiative be sustainable beyond the length of the funding? Has it been created in consultation with groups affected by food insecurity?Ensure you demonstrate:* How your initiative will increase access to affordable, nutritious, and sustainable food and/or will enable Māori to exercise food sovereignty over food systems that feed and nourish whānau.
* How the initiative will be sustainable beyond the length of the grant funding.
* That the initiative is in partnership with or created following consultation with mana whenua and/or other communities affected by food insecurity.

*Click or tap here to enter text.* |
|  | **Priority groups/populations**Does your initiative aim to reach the following ethnic groups in your community?*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. Please specify: |
|[ ]  Pacific |

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|  | **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.* |
|  | **Describe how the initiative will benefit communities experiencing food insecurity (150-word limit).** Is this initiative in a low-income community, or that is otherwise experiencing food insecurity or supporting Māori to exercise kai sovereignty? Which groups disproportionately affected by food insecurity will benefit from this initiative? Examples of communities that experience high levels of food insecurity include Māori, Pasifika, ethnic/migrant communities, and single mothers. Ensure you demonstrate:* That the initiative is in a low-income community, or otherwise has a high level of food insecurity.
* That the initiative is targeted at outcomes for communities disproportionately affected by food insecurity.

How these communities will benefit from the initiative *Click or tap here to enter text.* |
|  | **Describe how you will implement the initiative (150-word limit).** 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?Ensure you demonstrate:* How the initiative will be developed and implemented.
* How the impacts of the initiative will be measured and evaluated.
* Who will lead and coordinate the initiative.
* That you are actively working in partnership with others in their community.

*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?** *Select from drop-down*Note that you need to provide up to date reporting to be eligible for this fund.**If Yes, please describe how this initiative builds from previous funding?***Click or tap here to enter text.* |

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|  | **What are your total costs for this initiative?** **What costs are you applying for from the Puta Ora Food Security fund?**We expect that the average grant size will be $50,000-$100,000 over 12 months. We anticipate that this funding will likely be contributory to the total costs of the initiative, alongside other funding approachesEnsure you demonstrate:* That the budget reflects fair and reasonable costs.
* That the budget is linked to achievement of your outcomes
* That the proposal reflects value for money comparative to the average size grant.
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| **Description/expense ($ GST exclusive)** |  |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **(insert more rows as required)** |  |
| **Total costs** |  |
|  | **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.* |
|  | **Compliance Statement:****Confirmation that the company, organisation, director and or senior staff e.g. CFO are not:*** In a state of bankruptcy, insolvency, administration, statutory management, liquidation, winding up, receivership or similar insolvency process?
* Subject to legal proceedings or any Government or regulatory investigation or inquiry including by a professional body?
* Been convicted of a criminal offence related to business or professional conduct.

*Select from drop-down* |

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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.
* The Respondent warrants that it has no actual, potential or perceived Conflict of Interest in submitting this Proposal or entering into a Contract to deliver the Requirements. Where a Conflict of Interest arises during the RFP process the Respondent/s will report it immediately to the Buyer’s Point of Contact. If you think you may have a conflict of interest briefly describe the conflict and how you propose to manage it.

*Click or tap here to enter text.*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: MSD\_food\_secure\_communities@msd.govt.nz |