**Application Form - Capability building funding for groups**

This form is a guide only. You can apply in any way you choose. You may want to do this face to face or by video.

**To be eligible for this funding you need to be**:

* a group of disabled people
* a group of families with disabled family members or
* under the umbrella of one of the above groups or
* endorsed by the above groups

Note: A group of disabled people does not mean you have to be a Disabled Person Organisation (DPO)

**SECTION A. Personal Details**

**Name of Applicant:**

**Name of Disabled Persons Organisation (if applicable):**

**Name of Families of Disabled Persons Organisation (if applicable):**

**Address:**

**Suburb: City: Postcode:**

**Phone: Mobile:**

**Email:**

**Umbrella Organisation**. If you are applying under an umbrella organisation tell us the name and Charities Registration number (if they are registered) of the umbrella organisation.

**SECTION B. Your proposal**

 **Please answer the questions below.**

1. What do you want funding for – describe what you will do.
2. Describe the group or groups of people (needs to be 3 or more people) your proposal will benefit. Note the people must live in MidCentral.
3. Describe the skills and capabilities people taking part in your activity will learn and develop or other ways they will benefit.
4. If you are running an event or workshop tell us about the people leading this, for example the presenters/facilitators, you plan to use.
5. Tell us how you will make sure your activity is fully accessible to everyone who wants to participate (if using a venue is it fully wheelchair accessible? is the presentation accessible to people who are blind? will you have DEAF participants and if so have you got New Zealand Sign Language interpreters?).
6. Please attach or submit any additional information to support your application. If you wish to present your application in person please tell us that.

**If you have questions, please contact the Fund Advisor, Chris Potts, phone or text 027 620 3036. Email – apply@manawhaikaha.co.nz**

**SECTION C. Funding required**

Total cost: $

Note: If your application is for over $20,000 please complete this section and also Section D.

How much can you contribute: $

Total funds required: $

Details of costs:

|  |  |  |
| --- | --- | --- |
| Item or Activity | Supplier  | Cost (+GST) |
|  |  |  |
|  |  |  |
|  |  |  |

Have you applied to anyone else for this funding?

If yes, please provide name, date and amount applied for:

If you have any quotes to support your proposal please attach them with your application.

**SECTION D.**

If you are applying for a grant of more than $20,000 you need to be an organisation rather than an informal group.

You can be a disabled persons-led organisation or a family of disabled person’s organisation, come under the umbrella of one of these organisations or be endorsed by one of them.

You will need to include the following information with your application:

* Annual accounts – these must be no older than 16 months at the time of the application. If the constitution, rules or trust deed stipulates that the organisation must have compiled, reviewed or audited accounts, the organisation must provide that report with their application.
* Bank statements - no older than 6 months from the submission of the application, showing all account balances.
* Two letters of support - these must be signed, dated and no more than six months old, from disabled leaders or senior people with credibility in the disability sector.

**If you have questions, please contact the Fund Advisor, Chris Potts, phone or text 0276203036. Email – apply@manawhaikaha.co.nz**

**SECTION E. Confidentiality**

By signing and submitting this application you are giving permission:

1. For your contact details and information in the application to be shared with the MidCentral Regional Leadership Group Funding Panel members, the Fund Advisor and the Director, Disabled People, Family and Whānau Supporting Team.

2. For the information you provide to be used by the MidCentral disability support system for statistical purposes and/or policy development.

3. To participate in an evaluation of the outcomes and benefits of this proposal if requested.

 **I (name of applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declare that:**

**** The information included in this application form and supporting documentation is true and accurate

Any funding received from the MidCentral Regional Leadership Group Funding Panel will be solely used for the purpose specified in this application and that any unspent funds will be returned to the funder.

**DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have questions, please contact the Fund Advisor, Chris Potts, phone or text 027 620 3036.**