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| **Tū Manawa Active Aotearoa - Tāmaki Makaurau**Below are the questions that relate to this application. We recommend you review these questions carefully and make notes before you start the final application process. This will ensure you have all the information you need and the required documents to upload prior to your final submission.  |
| **Tū Manawa Active Aotearoa Fund Overview** |
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| **STEP 1: ADMINISTRATION INFORMATION** |
| **1. Where in Auckland is this project or programme being delivered?** | **Drop down box - choose 1 from list** |
| * Auckland Wide
* Central
* East
* North
* West
* South
 |  |
| **2. Organisation name (MUST BE LEGAL NAME)** |  |
| **3. What is your Incorporated Society Number or New Zealand Business Number (NZBN)?** |  |
| **4. Organisation website or social media account** |  |
| **5. Tell us about the purpose of your organisation and what you do.**What experience or involvement do you have in the provision of play, active recreation and / or sport for our focus groups? |  |
| **6. Organisation’s physical / registered address (applicant)** |  |
| Physical address |  |
| Registered mailing address |  |
| **7. What type of organisation are you?** | **Drop down box - choose 1 from list** |
| * Incorporated Society
* Charitable Trust
* Social enterprise
* Regional or Local Council
* For-profit organisation
* Primary / Intermediate school / Kura
* Secondary school / Wharekura
* Tertiary Education / Wānanga
* Marae, Hapū, Iwi, Māori
 |  |
| **8. Name of person applying** |  |
| First Name Last Name Email Address Phone number Role in organisation |  |
| **9. Is your organisation registered for GST?** | **Drop down box - choose 1 from list** |
| * Yes
* No
 |  |
| **10. GST Number** |  |
| **11. Organisation bank account name** |  |
| **12. Organisation bank account number** |  |
| **13. Attach evidence of your organisation’s bank account number and name** (hint text: A copy of a statement or screen capture of online banking) | Upload a file |
|  |
| **STEP 2: PROJECT INFORMATION**  |
| **14. What is the name of your initiative / activity / project?** |  |
| **15. Project / Programme Summary**Tell us about the activity you plan to deliver, what the purpose of it is, where it will occur, including:* What group(s) of tamariki and rangatahi will you be working with?
* What do you hope to achieve?
* Include any targeted participant groups, numbers
* Length of sessions?
* Who will be involved in the delivery?
* How long will your activity run for?
* What input have tamariki and rangatahi had into the development and design of your activity
 |  |
| If you wish to include additional information about your activity, please upload it in Section 33 towards the end of the application. |  |
| **16. What type of physical activity does your project or programme involve?** | **Drop down box – choose 1 from list** |
| * Play
* Active Recreation
* Sport
 |  |
| **KAUPAPA MAORI** |
| **17. Is this application being submitted for a project or programme that is provided in a Kaupapa Māori context?** | **Drop down box – choose 1 from list** |
| * Yes
* No
 |  |
| **18A. Will the project / programme be delivered in Te Reo Māori?** | **Drop down box – choose 1 from list** |
| * Not at all
* Mix of Māori and English
* All in Te Reo Māori
 |  |
| **18B. Please attach a copy of the completed Tū Manawa Te Whetū Rehua assessment**. Please attach a copy of the completed [Tū Manawa Te Whetū Rehua assessment.](https://aktive.org.nz/media/3plozcis/tu-manawa-twr-scoring.xlsx) Te Whetū Rehua is the framework that articulates the Maori concepts and principles which collectively define ‘as Maori’ participation in sport and recreation.*Should you require assistance completing this, please contact your Kaiwhakahaere – He Oranga Poutama ki Tāmaki Makaurau via CLM Community Sport.* |
|  |
| **19. What are the proposed dates of your project / programme?**Maximum 12 months duration. Please consider that it may take up to 2 months to approve the application, and if you are successful, additional time to put an agreement in place. |
| Start Date |  |
| End Date (cannot extend beyond 30/06/2023) |  |
| **20. Is this a new, existing or modified / expanded project / programme?** | **Drop down box – choose 1 from list** |
| * New
* Existing
* Modified / Expanded
 |  |
| **21. What setting(s) will your project or programme take place in?** | **Select all that apply** |
| * Community setting(s)
* Primary / Intermediate / Kura
* Secondary Schools / Wharekura
* Tertiary Education / Wānanga
* Marae
* Home setting
* Other (please specify)
 |  |
| **CLARIFYING SCHOOL SUPPORT** |
| **22. If any part of your project / programme is to be delivered in schools / kura, please advise when.** | **Drop down box - choose 1 from list** |
| * Not in schools
* In class (curriculum) time – with an outside provider
* In class (curriculum) time – without an outside provider
* Out of class time – before school, lunchtime or after school
 |  |
| **22. Attach a copy of the completed “Support document to accompany school setting applications”** | **Upload a file**NOTE: One will be required for each school being delivered to. |
| **PARTICIPATION** |
| **23. How many participants do you expect to be involved in your activity?** | **Drop down box – select all that apply and identify priority focus** |
| **TOTAL NUMBER:** |  |
| Tamariki (children 5-11 years) |  |
| Rangatahi (young people 12-18 years) |  |
| Young women (19-24 years) |  |
| Disabled tamariki / rangatahi |  |
| Other (please specify) |  |

**23A. What percentage of the project / programme is made up of the following groups?**(This is an indication only)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | None | 25% | 50% | 75% | All |
| Male |  |  |  |  |  |
| Female |  |  |  |  |  |
| Non Binary |  |  |  |  |  |
| Tamariki ( children aged 5-11yrs) |  |  |  |  |  |
| Rangatahi (young people aged 12-18yrs) |  |  |  |  |  |
| Young women aged 19-24yrs |  |  |  |  |  |
| Disabled tamariki and/or rangatahi |  |  |  |  |  |
| From higher deprivation communities |  |  |  |  |  |
| Maori |  |  |  |  |  |
| Pacific people |  |  |  |  |  |
| Other |  |  |  |  |  |

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| --- |
| **What do we mean by understanding "needs"?** |
| **24. How do you know this project or programme is needed? (i.e. who have you spoken to? What evidence or insights do you have?)**What barriers to participation are you trying to overcome? \*Is this activity something tamariki and/or rangatahi have said they want? What surveys or information do you have that show this initiative is needed or wanted from a participant point of view? Why are your participants less active, and how will this activity increase their participation? |  |
|  |
| **Understanding Outcomes** |
| **25. What are the key changes (outcomes) your project or programme is trying to bring about in the people and / or the communities that you are working with?** (name up to 3 outcomes) |
| Outcome 1 |  |
| Outcome 2 |  |
| Outcome 3 |  |
|  |
| **Understanding Measurement** |
| **26. Taking the outcomes above, how will you know you have achieved them?** What will you measure and how? e.g. measuring changes via a survey, interviews, feedback from participants, case study, Participation / physical activity information, attendance and project management records. |
| Measurement 1 |  |
| Measurement 2 |  |
| Measurement 3 |  |
|  |
| **27. Who else will you be working with to delivery this project or programme and where are you going to deliver this project / programme?** Please list the organisations’ names, schools, communities. |  |
| **28. Confirm you comply with regulations that are relevant to your sector and intended project / programme delivery.**Verify that you have policies and procedures in place to ensure the safety of tamariki and rangatahi. | **Tick which items you have in place and upload accordingly.** MINIMUM REQUIREMENT: Health & Safety AND Child Protection / Safeguarding Children Policies |
| * Health and Safety Policy
 |  |
| * Child Protection / Safeguarding Children Policy
 |  |
| * Police Vetting
 |  |
| * Risk Management Policy
 |  |
|  |
| Some useful resources and templates that might help can be found at the links below:* <https://sportnz.org.nz/resources/safe-sport-for-children/>
* <https://sportnz.org.nz/sector-guidance/health-and-safety/>
* <https://sportnz.org.nz/resources/child-safeguarding-policies-and-procedures/>
 |
| **29. What is the total cost of your project or programme?** |  |
| **30. What amount are you applying for from Tū Manawa Active Aotearoa?** |  |
| **31. Please complete the provided budget template** Your budget should include all the costs you are applying for and what they will be used for and shows any other income against this specific project or programme. | Budget template on website |
| **32. If there is a difference in the total cost and the amount you are requesting, how do you intend to fund the balance?** |  |
| Comment  |  |
| **32a Have you applied to or received from other organisations funding for this project/activity?** \* | **Drop down box choose 1** |
| * YES
* NO
 | **Drop down box choose 1** |
| If “YES” Please provide details of the organisations and amounts applied for, and amounts received. |  |
| **33. Any additional attachments can be added below**. Describe what can be uploaded e,g. Doc, Excel, PDF  |  |
| Choose file – up to 3 |  |
|  |
| **STEP 3: Tū Manawa Active Aotearoa - Tāmaki Makaurau declaration** |
| I confirm that I am authorised to submit this application on behalf of the organisation, and that our directors and/or trustees and/or treasurer are aware of and support this submission. |
| I have read the “Tū Manawa Active Aotearoa Community Guidelines 2021-2022” |
| I will comply with the requirements set out in the “Protecting your information” section of the “Tū Manawa Active Aotearoa Community Guidelines 2020-2021” and have advised my organisations’ Directors, Trustees and/or committee members of the information in that section. |
| I confirm that information in this application is correct, and that any amount we receive as a result of this application will be used solely for the purposes specified in this application |
| I acknowledge that Sport NZ/RST has the right to audit the information provided in this application and the use of any funds granted. I will provide full cooperation in the event of such an audit being undertaken. |