
New Zealand Sign Language Fund Application Form

Round Three

Please answer in full all questions relevant to your organisation and project.

You should read 'Applying for a grant from the New Zealand Sign Language Fund' before completing this form.

Deadline: Completed applications must be received by email at nz_sign_language@msd.govt.nz by **26 February 2017**

Available in NZSL:

www.odi.govt.nz/new-zealand-sign-language-nzsl/new-zealand-sign-language-fund/

Part 1: Information about your organisation

1	Legal name of organisation Funding grants can only be made to a registered legal entity. If your organisation is not a legally registered entity you will need to nominate one to act as a fund-holder on your behalf. If you are using a fund-holder, Part 4 and Part 6 of this form must also be completed.	
2	Briefly describe the purpose of your organisation (up to 100 words)	
3	Legal status (Examples: incorporated society, charitable trust, limited liability company)	
4	Companies Office registration number (if applicable)	
5	Ministry of Social Development (MSD) ID number If you have previously received funding from MSD, your ID number can be found at the bottom of your MSD grant/contract document	
6	Name of contact person and position	
	Email	
	Mobile number	
	Skype	
	Organisation physical address	Postal address (if different)

Part 2: Project proposal

1	What is the name of your project?	
2	Where is your project located?	
3	When will your project begin and end?	

4	Website link to a summary of your project proposal in NZSL:	
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Please note: a summary of sections 5, 6, 9 and 10 is required in NZSL as well as in English. You should make it clear whether the person in the video is a member of the project team or has been brought in specifically to present the video. Overall the NZSL version should be no longer than 3 minutes in length.

5	Goal What do you hope to achieve with this project? Explain how your project fits with the priorities for the NZSL Fund, including its benefits for Maori Deaf. (up to 150 words)	
6	Objectives What will people see, use, learn or experience as a result of your project? (up to 200 words)	
7	Need What is the opportunity or gap for NZSL or the Deaf community your project addresses? How do you know there is a need for this project? (up to 200 words)	

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Audience

Who will benefit from your project, and where in New Zealand are they? (up to 150 words)

9

What difference will your project make?

What will be its effect on NZSL in the home, and/or within the Deaf community? (up to 300 words)

10

Outcomes

What are the longer term effects (for example, in ten years' time) of your project on NZSL and/or the Deaf community? (up to 200 words)

11

Actions

Explain your plan for carrying out your project. How will you ensure you have the right tools, skills, experience and capacity to deliver it? (up to 500 words)

12

Collaboration

Who will you work with on this project? What involvement do members of the Deaf community have? If your proposal relies on collaborating with external partners, attach separately evidence that they are aware of, and support your proposal – for example, a letter. (up to 200 words)

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Results

What will show your project is making a difference? How will you measure it? (up to 200 words)

Part 3: Project budget

- If your organisation is registered for GST the amounts shown below should exclude GST.
- All amounts are in New Zealand dollars.

My organisation is registered for GST			Yes		No
Total cost of project		\$			
Have you secured other funding for this project? If so, how much and where from?	<i>(Source)</i>	\$			
Total amount of NZSL Fund requested (NZD)		\$			

Budget Breakdown – Planned activity	Budget *
	\$
	\$
	\$
	\$
	\$
	\$

If you are seeking funding for the establishment phase of an ongoing initiative, how and when will it become self-sustaining?

Part 4: Fund-holder details (if needed)

1	Legal name of fund-holder organisation	
2	Legal status of fund-holder organisation Examples: incorporated society, charitable trust, limited liability company	
3	Companies Office registration number of fund-holder organisation <i>(if applicable)</i>	
4	Ministry of Social Development (MSD) ID number of fund-holder organisation If the applicants fund-holder organisation has previously received funding from MSD, their MSD ID number can be found in the footer of their MSD grant/contract document	
5	Name of fund-holder contact person and their position	
	Email	
	Mobile number	
	Skype	
	Fund-holder organisation physical address	Postal address (if different)

Part 5: Application declaration

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 the signatory below has the authority to commit our organisation to this application
- prior to 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.

Full name	
Position	
Signature	
Date	

Part 6: Fund-holder declaration

(only complete this section if the Fund-holder is different from the organisation applying for funding)

We acknowledge that:

- if funding is approved for this application, we agree to receive and manage the funds awarded to the applicant organisation listed in Part 1 of this application form.
- our organisation has an agreement with the applicant organisation to receive and manage the finances for this project on their behalf
- our organisation has the necessary skills and experience to manage the funding that may be received, and we have the authority to commit our organisation to this application
- prior to 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.

Full name	
Position	
Signature	
Date	