

'Te Tipuria'

WellSouth Growth & Development Fund Application Form 2018



***Ko tou rourou, ko taku rourou,
ka ora ai te Iwi***

**With your resources and our resources,
our people will prosper**

Please read the guidelines before filling out this application

1. Group/Organisation Contact Details

Name and full contact details of the community group, voluntary organisation or social enterprise that you are completing this 'Te Tipuria' Growth & Development Fund application for.

Group Name: _____

Address & Postcode: _____

Telephone: _____ Email: _____

Contact Person: _____

Position Title: _____

2. Current Group Food and Health Related Activities

Describe the main work your group does and who benefits. Include details about any food and health related activities provided by your group. For example, community cafes, cookery classes, food co-ops, growing fruit or vegetables, healthy eating sessions, providing snacks or meals, or a food delivery scheme.

Are you applying for 'Te Tipuria' Growth & Development Fund in partnership with another group?

Yes

No

If yes, please provide the name and contact details for that group.

Group Name: _____

Contact Details: _____

Briefly outline your plans to run growth and development activities jointly with the group you identified above. For example, you may be working together to arrange a study visit or to do training or plan an event. We may need to contact this group for further information.

Who will be taking part in your planned growth and development activity?

(Please tick all options that apply)

Staff Member

Volunteer

Management/Board Members

Expected number of people taking part: _____

3. Planned Growth & Development Activity

If successful, what will your group use the 'Te Tipuria' funding for? Please give as much detail as you can. For example:

- To go towards training course costs, please tell us about the course: what is the course name, who is delivering it, how it is being delivered, when and where it will be running, and for how long.
- To go towards taking part in a conference or event: what, where and when.
- To go towards other costs associated with training or an event: e.g. childcare, travel or cover for staff.

4. Making a Difference

WHY is your group applying for 'Te Tipuria' funding?

Please describe how and why your group knows your planned growth and development activity is needed.

How will you put new learning and knowledge from your planned growth and development activity into what you do?

Tell us about what your group plans to do after completing your growth and development activity.

How will you know the new learning and knowledge has made a difference to your group?

How does your group plan to evaluate the impact and outcomes of your new learning and knowledge? For example, a staff/volunteer survey shows an increase in confidence when talking with others about healthy food messages; staff and management have adjusted the delivery of their services to consider the social determinants of health.

5. Money

How much 'Te Tipuria' funding is your group applying for? (\$1,000 maximum) \$_____

Please show how your group plans to use this funding (your budget).

Cost Details	Budget (\$)

Will your group require extra funding to take part in your planned activities (section 3)?

- Yes No

If yes, do you already have the extra funding? (Tick the best box below)

- Yes – we have some funding from the following source(s)

Name of source(s) providing funding: _____

- Yes – we are providing some funding ourselves
 No – we are waiting to hear back from other sources of funding
 No – we are planning to apply to other sources for funding

6. Support from Group Management/Board Member

Do group management and/or board members support this 'Te Tipuria' application?

We might need to contact a management/board member from your group to further discuss your application for growth & development activity funding.

Contact Name: _____

Position in Group: _____

Telephone Number: _____ Email Address: _____

Are you interested in hearing the latest news on local food-based initiatives and events?

In Otago and Southland, there are various groups and organisations passionate about healthy food systems. The Dunedin-based 'Our Food Network' has a regular electronic newsletter that gives updates on local food initiatives.

Would you like to receive this newsletter?

Yes

No

Please return your application to:

Health Promotion Team,
WellSouth Primary Health Network,
Level 1, 333 Princes Street,
Dunedin 9054.
Email: health.promotion@wellsouth.org.nz

Application for New Supplier Account Status

WellSouth Primary Health Network

To receive 'Te Tipuria' Growth & Development activity funding we require you to open a new 'supplier and provider account' at WellSouth. This is to ensure we have accurate information in our accounting system for communication, payment processing of funding and GST validation. Payment of funding will be made once the completed information below is signed off by the applicant representing the group.

Change to Existing Supplier:

New Supplier:

→ Trading Name:.....

→ Legal Status of Organisation: Company, Sole Trader, Trust, Partnership or state other:

.....

→ Statutory Name:.....

→ Business Owners Name(s):.....

→ Physical address of Head Office:.....

.....

→ Postal Address (if different from above):.....

.....

→ Bank Name:.....

→ Bank Account Number:.....

→ GST Number or IRD Number (sole traders):.....

→ Email Address:.....

→ **You must provide a copy of your latest bank statement header that includes the bank account number or a screen shot of your internet banking system that clearly shows your group name and bank account.**

→ **PLEASE INCLUDE THIS DOCUMENT WITH THIS APPLICATION.**

→ By signing this form the applicant on behalf of the group verifies that the bank account is correctly provided and stated on this document.

I am the applicant or nominated person of the group notated above and declare I have provided accurate information to WellSouth Primary Health Network:

Signed by Applicant/Person with Delegated Responsibility:.....

Print Name:.....

State Position in Group:.....

Witness:

Print Name Here:..... Date:.....