PROJECT APPLICATION

*Please read the examples provided in each question to give you an idea of the expected narrative, and then delete them so that you have more space in the designated tables.*

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| **Implementing Church/Organisation Partner** |  |
| **Postal Address** |  |
| **Postcode** |  |
| **Project Leader (Contact Name)** |  |
| **Contact Person (phone number)** |  |
| **Contact Person (E-mail)** |  |
| **Name of Proposed Project** |  |
| **Total Budget** |  |
| **Number of expected participants impacted by the Project** | Number of females:  Number of males: |
| **Project duration** | Start date:  End date: |
| **CTP Project (tick box)** | □ Toolbox Parenting □ Space □ Pasifika Families □ Welcome Baby □ My Money □ My Money Pasifika  □ Pathways □ Depression & Anxiety Recovery  □ Be Somebody 2 Someone  □ Innovation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Project Reference Number**  (for office use only) |  |

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| 1. **Project Aim** |
| *What is this project aiming to achieve overall?* |

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| 1. **Who will you target to attend this project? List numbers and groups of participants** |
| *Note: while everyone is welcomed to participate in this project, it is strongly recommended that at least 50% of the participants are from the community at large other than church members.* |

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| 1. **Project Activities** |
| *List all the activities that make up the project (what, when, how often etc) so it provides a good overview of the project e.g.: 4 x Cooking classes on Tuesdays from 7 – 8pm or 3 x monthly parenting sessions on the first Monday of every month etc.* |

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| 1. **Describe the process of information gathering to identify the community needs and the reason for this project.** |
| *It is important to highlight in this section what context analysis (meetings with council and community leaders, struggling families, etc.) was undertaken to confirm that the project chosen is going to meet demonstrable and quantifiable needs.* |

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| 1. **What are the expected results and benefits?** |
| *E.g. Families will not only understand the benefits of a healthy lifestyle but also adopt a better diet, exercise more regularly, have peace of mind, and be more resilient to face the day-to-day challenges.* |

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| 1. **Who will be volunteering as part of the project team to coordinate and implement this project? How many volunteers?** |
| *The team will be composed of 1 project leader and 3 project volunteers who have experience in health and training facilitation skills. Altogether, it is estimated that 15 other volunteers will be assisting the project on a rotational basis.* |

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| 1. **What training or orientation will you provide to the volunteers outside of the main CTP project provided by ADRA and/or its service providers?** |
| *E.g. The team of volunteers will benefit from a health and safety training as well as go through the Conflict of Interest and Safe Place policies. A part from that, volunteers will be trained on how to become better training facilitators.* |
| 1. **How are you collecting stories of the participants and sharing them with ADRA NZ so that more people can be encouraged of the impact in their lives?** |
| *E.g. The Project Leader will collect at least 4 stories among the project participants and share them with the ADRA Programme Coordinator for marketing purposes. Our team will also work on short videos throughout the implementation of the project that shows how participants are progressing in their learning journey.* |

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| 1. **Which other organisations are part of this project as well?** |
| *E.g. This project will be implemented in partnership with the local council, ADRA NZ, and ” Empower the Future Young” organisation in various ways. The local council will assist with town hall facilities…* |

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| 1. **What is the proposed location of the project? If not at a church premises why has this location been chosen?** |
| *E.g. The implementing church partner will provide its multi-purpose hall for the implementing of every training session on Thursday evenings. The church is located in a central area for all the target participating families, and offers a safe and enjoyable environment which makes it the right location for this project.* |

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| **CHURCH DECLARATION** |
| **Project Name: Type project name here Church/Organisation Name: Type church/organisation name here**  ***Please sign the declaration below if you agree to the following:*** |
| 1. CTP is a partnership between ADRA New Zealand, the Conference and the local church/organisation. **I agree** to paying one-third the cost of the project |
| 1. **I agree** that in the event that services are not able to be delivered as proposed, all remaining funds (or goods if applicable) will be returned to ADRA NZ. |
| 1. **I agree** to start the project within three months of funding approval, and will provide ADRA NZ with an interim/final report, using the template provided by ADRA NZ. |
| 1. **I agree** that by becoming a project partner of ADRA NZ my church is willing to assist ADRA in responding to disasters in my local area. |
| 1. **I agree** that this submission has been approved by the church constituency/Board, and if we cancel/withdraw after the application has been approved a $500 fee will be incurred. |
| **Signatories:**  Project leader:………………………………………………………………………………………… ……………………  *(Print name) (Signature) (Date)*  Church Minister: …………………………………………………… …………………………………… ……………………  *(Print name)* *(Signature) (Date)*  □ Yes, I give permission for the Conference to transfer $………………... (1/3 share) from our Church CMF bank account to ADRA NZ, upon approval of the project application.  Church Treasurer:………………………………………………………………………………………… ……………………  *(Print name) (Signature) (Date)* |
| **Payment details:**  Once your project application has been approved and your share (1/3) of the project funds received, your resources will be organised or you will receive (2/3) of the total project funds to commence the project (for innovation projects). The final third will be paid upon submission and approval of your interim report.  **BANK DETAILS**  Bank:……………………………………………………………………………………………………………………………………..  Account Name: ……………………………………………………………………………………………………………………. ­­­­­­­­­­­­­­­­­­­­­­­­­­­­  Account No: …………………………………………………………………………………………………………….…………..  *These details are important for the payment of funds for your use, once the project is approved.* |
| **Budget Details** |

* My family menu projects: List breakdown for income only.
* Innovation projects: List breakdown for both income and expenses. Expenses should be based on the activities listed in the application and any other expenses related to the project that fall within the funding guidelines and criteria as listed in the CTP Handbook.

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| **Ref. No.** | **INCOME** | | | **Total** | **Explanation** |
|  | Church | | | $ |  |
|  | Conference | | | $ |  |
|  | ADRA | | | $ |  |
|  | Other | | | $ |  |
|  | **TOTAL** | | | $ |  |
|  | **EXPENSES** | **$ per Item** | **Qty** | **Total** | **Explanation** |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  | **TOTAL** | | | $ |  |