**New Zealand High Commission Fund**

**Port Moresby**

**Application Form and Information for Applicants**

**PURPOSE**

The Fund supports small scale, short-term community projects that contribute to wider community well-being. The projects must be in line with New Zealand Aid Programme’s mission of:

*Sustainable development in developing countries, in order to reduce poverty and contribute to a more secure, equitable and prosperous world.*

**WHO**

The Fund is aimed primarily at community groups and NGOs but other types of organisations e.g. schools, business associations may apply. Check with the New Zealand High Commission/Embassy. The Fund does not support individual businesses.

**HOW LONG**

No individual project will be supported for longer than two years. Supporting different projects by the same partner over a longer duration is possible.

**WHAT WILL NOT BE FUNDED**

* political, religious or evangelical activities N.B. faith-based groups are not excluded where the proposed project is consistent with the purpose of the Fund, does not exclude followers of other religions, and the funds are not used to support proselytising
* site visits
* unsolicited donations
* individual student scholarships
* international airfares/overseas conference attendance
* on-going (recurrent) funding of recipients’ operational/organisational costs such as wages and salaries, office items and communications

**APPLICATION PROCESS:**

• Please complete the application form, and send the form either by post or email:

HEF Fund Administrator

New Zealand High Commission

S351 L2 Magani Crescent

Waigani,
Port Moresby, Papua New Guinea

Or: NZHCPMY@mfat.govt.nz

* Applications for the first round of the Financial Year 2021/22 are now open and close on 13 Sept 2021
* Applicants are encouraged to apply as soon as possible.
* Please ensure you have read our criteria thoroughly before submitting your application. We will prioritise activities that best meet HEF criteria.
* Incomplete applications may mean your application may not be considered. If further information is required, this will delay the decision-making process.
* The High Commission may need to contact you about your application. Please ensure you provide and regularly check your current email address for any correspondence.
* It will take up to 5 weeks to assess and decide on your application from the closing date.
* All applicants will be notified of any decisions by email.
* The maximum amount of funding that can be achieved by any one project is PGK50,000.00

**FOR FURTHER INFORMATION CONTACT:**

+675 7373 7000

NZHCPMY@mfat.govt.nz

## A. INFORMATION ABOUT THE APPLICANT ORGANISATION

|  |  |
| --- | --- |
|  | **This column to be filled in by the applicant.** |
| **Name of organisation:** |  |
| **Village/Town:**  |  |
| **District/City:** |  |
| **Contact Name for this application:**  |  |
| **Postal Address:**  |  |
| **Telephone Numbers:** |  |
| **E-mail address:**  |  |

## B. INFORMATION ABOUT THE PROJECT

|  |  |
| --- | --- |
| **Project Title:** |  |
| **Starting date of project:** |  |
| **Completion date of project:** |  |
| **Describe the Project.** **(**If your project involves small construction work, please provide a simple project design with material cost calculations for the various components of the whole project on a separate sheet**.)** |  |
| **Who did your group consult with when developing the idea for this project?**  |  |
| **What are the project’s objectives? What do you want to achieve?** |  |
| **Who will benefit from the project and how will they benefit? (include no. of women, men, boys and girls)** |  |
| **Once the activity is completed who will take responsibility for future costs and maintenance?**  |  |
| **How much do you want for this project?** |  |
| **Has your group applied to this Fund previously? If yes, please provide details of the funding request and the year the request was made.**  |  |
| **Have you requested assistance from any other source for this project?** **If yes, please describe:**  |  |
| **Was the funding requested above successful? If not why not?**  |  |
| **What will your group contribute towards the achieving project?** |  |

**Implementation Plan (Show key tasks)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date** | **End Date** | **Task** | **Inputs required** |
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**MANAGEMENT of the PROJECT**

**Who will manage the project (e.g. Project Coordinator) and provide financial report on expenditure?**

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| --- | --- |
| **Name:** |  |
| **Qualification/Skills of the Project Coordinator** |  |
| **Experience of the Project Coordinator** |  |

**Who else will be involved in the delivery of the project?**

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| --- | --- | --- |
| **Name**  | **Role** | **Experience in relation to delivering the project** |
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**PROJECT BUDGET SUMMARY**

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| --- | --- | --- | --- | --- |
|  | **Fund Contributions\*** | **Your Contribution** | **Other Contributors** | **Total Cost** |
| **Labour Costs** |  |  |  |  |
| Wages  |  |  |  |  |
| Travel |  |  |  |  |
| Training |  |  |  |  |
| **Material & Equipment** |  |  |  |  |
| Tools/Equipment |  |  |  |  |
| Machinery |  |  |  |  |
| Freight |  |  |  |  |
| Consumables (fuel, fertiliser, chemicals) |  |  |  |  |
| Materials |  |  |  |  |
| Other |  |  |  |  |
| **Overheads** |  |  |  |  |
| Communications |  |  |  |  |
| Transport |  |  |  |  |
| Insurance |  |  |  |  |
| Other |  |  |  |  |
| **TOTAL** |  |  |  | $ |

**\* Attach invoices/purchase orders from suppliers for all items requested. You should include shipping costs as part of the invoice/purchase order if possible.**

**Risk Management**

List the risks associated with delivery of the project, i.e. what might get in the way?

Please also detail how your group will manage the risk to ensure that the project will be delivered.

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| **Risk**  | **How will the risk be managed?**  |
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**Health and Safety**

1. Are there any potential health and safety risks to workers or others during the **implementation phase** of this project?

Circle one:              **Yes                         No**

If **Yes** – complete the following table. An example is provided in blue.

|  |  |  |
| --- | --- | --- |
| What tasks will be done to complete this project? | What tasks could cause an injury? | What will be done so that the injury does not occur? |
| *Providing & installing solar panels by project workers* | * *Risk of falling from working at heights*

* *Risk of injury when using tools and machinery*
 | * *Personal protective equipment is provided to workers including safety harnesses and [list equipment]*
* *Installers are trained or qualified to carry out the work [list training or qualifications]*
 |
| *Providing training on the ongoing maintenance of solar panels to local community (trainees)* | * *Risk of falling from working at heights*

* *Risk of injury when using tools and machinery*
 | * *Personal protective equipment is worn by trainees including safety harnesses and [list equipment]*
* *Trainees are supervised by trained or qualified staff*
* *Trainees are assessed after training to test their understanding of the training and ability to carry out the maintenance work*
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1. Will the **outcome** of this project be used by the general public? I.e. community projects or public buildings/services.

Circle one:              **Yes                         No**

If **Yes** complete the following table. An example is provided in blue.

|  |  |
| --- | --- |
| What actions must be completed to ensure the safety of users or the general public? | Who will ensure that the correct standards are met or that the correct permits or endorsements have been obtained?i.e. engineer, site manager, project coordinator, local authority etc  |
| *Training of local community to maintain solar panels (trainees)* | * *The Project Coordinator will train the local community trainees and assess their ability to carry out the maintenance work*
 |
| *Installation certified to [insert standard]**Or**[insert Permit or endorsement] is granted* | * *Site manager / contract manager/ project coordinator*

*Or** *Local government or authority*
 |
| *Follow up & monitoring of local community trainees*  | * *The project coordinator will help the local community trainees for three months after the project is completed*
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**CHECKLIST**

**Have you:**

* + Completed all sections of the form?
	+ Enclosed quotations/invoices/purchase orders for the materials or equipment you seek?
	+ Attached lists of names of those implementing the project?
	+ Signed below?

**Application submitted by:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title :**  |  |
| **Signature :**  |  |
| **Date :** |  |