KiwiSport Waikato “**Kick Start Fund”** Application Form

*It is highly recommended that applicants view information regarding KiwiSport and the Kick Start Fund at* [*www.kiwisportwaikato.org.nz*](http://www.kiwisportwaikato.org.nz) *prior to filling in this application. This information will provide applicants with an understanding of KiwiSport and answer frequently asked questions.*

Please complete all of the following questions. You may choose to type/write your answers directly into the provided spaces. If you require assistance or clarification with any part of this application, please don’t hesitate to contact Sport Waikato; 027 289 9807, kiwisportwaikato@sportwaikato.org.nz

***The last Application Round Closes, 25th May 2018***

Completed applications are to be forwarded to: Sport Waikato, PO Box 46, Hamilton, 3240 or emailed to kiwisportwaikato@sportwaikato.org.nz

***Organisation Information***

**Organisation:** Click here to enter text.

**Main Contact Person:** Click here to enter text.

**Postal Address:** Click here to enter text.

**City/Town** Click here to enter text.

**Post Code** Click here to enter text.

**Phone/ Mobile Number:** Click here to enter text.

**Email:** Click here to enter text.

**Is your organisation affiliated to a regional or national governing body?**  [ ] Yes [ ] No

**If yes who?** Click here to enter text.

*(Please note the person signing this document on the final page must have signing authority for the organisation (e.g. School principal, club president, CEO, General Manager etc.). However the signing authority does not have to be the person filling in this application or be the main contact for the project*.)

***Project Information***

*Applicants should clearly explain their project and the expected outcomes. (When sessions will be run, number of sessions, length of sessions, target age groups, target schools/towns/communities, reasoning why).*

1. **Name of Project**: Click here to enter text.
2. **Please provide an overview of your project and key outcomes to be achieved**. What exactly are you hoping to Kick Start? What will you do? (EG What age group will you be targeting, in what area. How many sessions will you deliver and when, etc.)

Click here to enter text.

1. **When will your project start?** Click here to enter a date.
2. **When will your project finish?** Click here to enter a date.
3. **Project partnerships:**

*What new or existing partnerships have or will be formed as part of this project?*

Click here to enter text.

1. **Project Milestones:**

*Indicate your key milestones, measures and success factors for this proposed project.*

Click here to enter text.

1. **Project Target/Reach:**

*Indicate your project targets and delivery timeframes below for this project.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Target Age Group* | *Geographical Location* | *Gender* | *When will it be delivered* | *Which Period (i.e. Term 1-4)* | *Total No. children* | *No. sessions per child* |
| [ ] Primary [ ] Intermediate[ ] Secondary | [ ] Hamilton [ ] Hauraki[ ] Matamata Piako[ ] Otorohanga[ ] South Waikato[ ] Taupo [ ] Thames Coromandel[ ] Waikato[ ] Waipa[ ] Waitomo | [ ] Males[ ] Females | [ ] Before/after school[ ] Curriculum time[ ] During lunch time[ ] School holidays[ ] Weekends | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **How will you engage youth currently not involved in organised sport to be involved with your project?**

Click here to enter text.

1. **How will a level of sustainability be created?**

*KiwiSport funding should be considered seed funding and project should be able to continue in the future without continued investment.*

Click here to enter text.

1. From the information provided in the above tables please total the number of delivery hours across all terms and settings?

**Total number of delivery hours** = Click here to enter text.

**Indicate which facilities or locations will be used during the delivery of this project:**

[ ]  *School/s (please name)* Click here to enter text.

[ ]  *Community Facility indoor (please name)* Click here to enter text.

[ ]  *Community Facility outdoor (please name)* Click here to enter text.

[ ]  *Club/s (please name)* Click here to enter text.

[ ]  *Other (please specify)* Click here to enter text.

Please indicate you are willing to meet the following conditions, which are a requirement for KiwiSport Funding:

|  |  |
| --- | --- |
| Show national and or regional alignment  | [ ] Yes [ ] No |
| Adhering to health and safety regulations e.g. First aider with first aid kit on site, completing a Risk Analysis and Management form, health and safety policy etc.).  | [ ] Yes [ ] No |
| School and or clubs are involved and agree to engage and support the application | [ ] Yes [ ] No |

**Any additional comments:** Click here to enter text.

***Budget***

1. **Is your organisation GST registered, if yes please provide number?**

 [ ]  Yes [ ] No

GST Number:Click here to enter text.

(*If GST registered please exclude GST from all figures you provide below*)

1. **What is the total financial cost to run your project? $** Click here to enter text.
2. **How much are you applying for through the KiwiSport Waikato Kick Start Fund?**

**$** Click here to enter text.

*(This should be no more than 75% of the total financial cost to run your project)*

1. **Is there a cost for participants to be involved in your project?** [ ] Yes [ ] No

 If yes please specify the cost per person per session: $ Click here to enter text.

1. **Please detail any confirmed and anticipated income associated with your project in the table below.**

|  |  |
| --- | --- |
| **Group:** | **Anticipated Income** |
| Click here to enter text. | **$** Click here to enter text. |
| Click here to enter text. | **$** Click here to enter text. |
| Click here to enter text. | **$** Click here to enter text. |
| Click here to enter text. | **$** Click here to enter text. |
| Click here to enter text. | **$** Click here to enter text. |
| Click here to enter text. | **$** Click here to enter text. |
|  |  |
| **TOTAL** |  |

1. **If your application is successful, what will the KiwiSport Kick Start Funding be used for?**

*Please attach quotes for equipment where appropriate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses** | **Quantity** | **Cost per unit** | **Total Expenses** |
|   |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
| **Total** | **$**  |

1. **Please itemise any other expenses that will be paid for by your own organisation or via other funding sources as part of this project.**

This should total a minimum of 25% of the total expenses for the project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses** | **Quantity** | **Cost per unit** | **Total Expenses** |
|   |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
|  |  | **$**  | **$**  |
| **Total** | **$**  |

1. **If you would like to provide any additional supporting information for this application please attach to this document and/or detail below**

Click here to enter text.

***Declaration***

1. I hereby certify that I have been authorised to prepare and submit this **Kick Start Fund** application form. The information contained herein is, to the best of my knowledge, true and correct.
2. I have informed our relevant Governing body of this project
3. The organisation will comply with any reasonable request from Sport Waikato to monitor performance and accountability.
4. Any funding received will be used for the project for which it was approved within the agreed timeframe.
5. I understand that there is an expectation that reporting will be required at the completion of the project.

***Privacy act***

1. Any personal information about individuals you provide in this application will be used only to assist with the administration and assessment of your application and in publishing the results of approved investment.
2. Organisations, groups and individuals have the right to check and correct any personal information held by Sport Waikato.
3. I agree that the project information can be shared with other organisations for development of KiwiSport projects.

***Please note the person signing this document must have signing authority for the organisation (e.g. School principal, club president etc.). However, the signing authority does not have to be the person filling in this application or be the main contact for the project.***

Name of Signing Authority: Click here to enter text.

Title/Position Click here to enter text.

[ ] By ticking this box I (the signing authority for the organisation) endorse this application and agree to the above declaration

Date Click here to enter todays date.

If at any stage you have any questions regarding the application process, please do not hesitate to make contact Sport Waikato on 07 858 5388 or kiwisportwaikato@sportwaikato.org.nz.

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*or emailed to* *kiwisportwaikato@sportwaikato.org.nz*

**Thank you for your application**