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

*It is highly recommended that applicants view information regarding* [*KiwiSport and the Kick Start Fund on the Sport Waikato website*](https://www.sportwaikato.org.nz/programmes/kiwisport/kiwisport-waikato-kick-start-fund-application-form.aspx) *prior to filling in this application. This information will provide applicants with an understanding of KiwiSport and answer frequently asked questions.*

Please complete **ALL** 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; 07 858 5388, kiwisportwaikato@sportwaikato.org.nz

Completed applications must be uploaded to your online application before submitting.

***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. **Organisation:** Click here to enter text.
2. **Name of Project**: Click here to enter text.
3. **Project Start Date:** Click here to enter text.
4. **Project End Date:** Click here to enter text.

*Please note: Ensure your start and end dates correspond with your online submission.*

1. **Application Round (**[**see website for details**](https://www.sportwaikato.org.nz/programmes/kiwisport/kiwisport-waikato-kick-start-fund-application-form.aspx)**):** Click here to enter text.

*Please note: Sport Waikato does not provide retrospective funding. Ensure your project dates and preferred application round correspond.*

1. **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.)

1. **Project partnerships:**

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

1. **Project Milestones:**

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

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 District[ ] 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?**

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.*

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** =

**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?**

**$**

*(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 your online application and/or detail below**

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.

**Thank you for your application**