KiwiSport Waikato

**Secondary School Initiative Fund**

APPLICATION FORM



***General information***

The Secondary School Initiative Fund allows Secondary Schools to apply for funding to establish projects and provides the opportunity for schools to increase sport coordinator hours to enable these projects to happen.

Projects must work towards achieving the following outcomes:

* Reducing the number of non-participants within the school sport programme
* Addressing the drop off rate of students participating in sport
* Increasing the number of female students participating in sport

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

***Prior to filling in this form***

* *It is highly recommended that applicants read the KiwiSport Information that is available at https://www.sportwaikato.org.nz/programmes/kiwisport.aspx. This information will provide applicants with background information on KiwiSport as well as frequently asked questions and answers.*

**Please attach a copy of your 2019 Sport Coordinator Annual Sports Plan to this application.**

***Contact Information***

**Name of School:** Click here to enter text.

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

**Position Held:** Click here to enter text.

**Phone Contact:**  Click here to enter text.

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

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

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

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

***General information***

1. How many hours is your Sport Coordinator currently employed for? Click here to enter text.
2. How do you currently allocate your KiwiSport Direct Fund? (*The direct funding allocated by MoE to the school as part of their operations budget on a per head basis*) Click here to enter text.

**Please answer yes or no to the following questions:**

1. If approved, will this fund be used to increase Sport Coordinator/Project Lead hours to deliver the project?

Yes No

1. If yes, how many increased hours will the Sports Coordinator/Project Lead have? Click here to enter text.
2. If approved, will this fund be used to employ an additional person to deliver the project?

Yes No

1. If approved, will this fund be used to purchase equipment for the delivery of a project?

Yes No

Other – please explain:

Click here to enter text.

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***Project Information***

1. What is the name of the project? Click here to enter text.
2. What is the total cost of the project? (Including GST) $Click here to enter text.
3. How much are you applying for through the Secondary School Initiative Fund?

$Click here to enter text.

*(Maximum $10,000.00)*

***Project Objectives***

Projects must address at least one of the following objectives – Please tick all relevant boxes that applies to the project

|  |  |  |
| --- | --- | --- |
| **OBJECTIVE** | **YES** | **NO** |
| The project will reduce the number of non-participants within the school sports programmes. |  |  |
| The project will address the drop off rate of students participating in sport. |  |  |
| The project will increase the number of female students participating in sport (*If applicable)*. |  |  |

1. Has this project or a similar project been delivered before? Yes No
2. Who will manage the project? *E.g. Sport Coordinator* Click here to enter text.
3. Project start date: Click here to enter a date.
4. Project end date: Click here to enter a date.

*(Although it might be anticipated that the project will continue year after year, a defined completion date is required for reporting purposes*).

***Project Detail***

Please provide a detailed description of your project in the below table, identifying what you will do and who you will target.

*(Please note that you do not necessarily need to fill in something for every term)*

|  |  |  |
| --- | --- | --- |
| **Term** | **What will you do?** | **Who will it target?** *E.g. Year 9 & 10 female students* |
| **Term 1** |  |  |
| **Term 2** |  |  |
| **Term 3** |  |  |
| **Term 4** |  |  |

***Project Impact and Outcomes***

1. Please indicate the number of students you aim to involve in the project: Click here to enter text.
2. Please provide a brief description of why/how this project will address the objective you have selected? *(Reducing the number of non-participants, addressing the drop off rate or increasing the number of females involved in sport?)*

Click here to enter text.

1. Where and when will the project be run? Click here to enter text.
2. Please indicate in the boxes below the setting in which the project will take place, the number of sessions and the average duration of each session.

*Please note that the project may take place in more than one setting, if so please indicate. For example: After School - 30 sessions average, 90 minutes per session, Lunchtime – 12 sessions, 30 minutes per session.*

*(You do not necessarily need to fill in something for every term)*

|  |  |  |
| --- | --- | --- |
| **TERM 1** | | |
| **Setting** | **Number of sessions** | **Average duration of each session (minutes)** |
| **Before School** |  |  |
| **After School** |  |  |
| **Lunchtime** |  |  |
| **Weekend** |  |  |
| **Holidays** |  |  |
| **TERM 2** | | |
| **Setting** | **Number of sessions** | **Average duration of each session (minutes)** |
| **Before School** |  |  |
| **After School** |  |  |
| **Lunchtime** |  |  |
| **Weekend** |  |  |
| **Holidays** |  |  |
| **TERM 3** | | |
| **Setting** | **Number of sessions** | **Average duration of each session (minutes)** |
| **Before School** |  |  |
| **After School** |  |  |
| **Lunchtime** |  |  |
| **Weekend** |  |  |
| **Holidays** |  |  |
| **TERM 4** | | |
| **Setting** | **Number of sessions** | **Average duration of each session (minutes)** |
| **Before School** |  |  |
| **After School** |  |  |
| **Lunchtime** |  |  |
| **Weekend** |  |  |
| **Holidays** |  |  |

***Project Budget and Expenses:***

1. Please detail any financial or in-kind contributions being made by your school or other organisations, towards the cost of the project.

*Please note there is an expectation that 25% of the total cost of the project should be provided by your organisation or by other supporting organisations.*

* 1. *Examples of financial contributions: Purchased equipment, increase in Sport Coordinator hours or other employee hours etc.*
  2. *Examples of In-kind contributions: Use of Facilities, teacher support or delivery etc.*

|  |  |
| --- | --- |
| **School contribution:** *Staffing, Equipment etc.* | |
| Financial |  |
| In-kind |  |
| **Other organisation contributions:**  *Clubs, Sponsors, Community Groups etc.* | |
| Financial |  |
| In-kind |  |

***Expenses***

Please give details on how your total funds for the project will be spent.

*Please attach quotes for equipment where appropriate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel:** | **Hourly Rate $** | **No. of Hours** | **Total Expenses** |
| 1) | $ |  | $ |
| 2) | $ |  | $ |
| **Equipment:** | **Unit Cost $** | **Quantity** | **Total Expenses** |
| 1) | $ |  | $ |
| 2) | $ |  | $ |
| **Others (Please Specify Below):** | **Unit Cost $** | **No. of Units** | **Total Expenses** |
| 1) | $ |  | $ |
| 2) | $ |  | $ |
| **TOTAL OF ALL EXPENSES (Including GST)** | | | **$** |

***Principal endorsement statement:***

***Principal signature and endorsement is required for the submission of all applications***

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Principal Name: Click here to enter text.

Principal Signature: Click here to enter text.

Date: Click here to enter a date.

***Declaration***

1. I hereby certify that I have been authorised to prepare and submit this Secondary School Initiative fund application form on behalf of my school
2. The information contained in this application is, to the best of my knowledge, true and correct
3. The School will comply with any reasonable request from Sport Waikato to monitor performance and accountability
4. I understand that there is an expectation that reporting will be required at the completion of the project
5. Any funding received will be used for this project within the agreed timeframe

***Privacy act***

1. Any personal information you provide in this application will be used only to assist with the administration and assessment of your application
2. I agree that the project information can be shared with other organisations for development of KiwiSport projects (i.e. other schools, Sport New Zealand)

Main contact name: Click here to enter text.

Signature: Click here to enter text.

Title/Position: Click here to enter a date.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By ticking this box I endorse this application and agree to the above declaration

**Please attach a copy of your 2019 Sport Coordinator Annual Plan to this application.**

***Process from here:***

1. We will acknowledge all received applications by email within five working days
2. If any further information or clarification is required Sport Waikato will make further contact
3. Successful and unsuccessful applications will be notified by the KiwiSport Administrator as soon as applications have been processed by the advisory panel
4. If at any stage you have any questions regarding the application process, please do not hesitate to make contact with the KiwiSport Administrator at Sport Waikato: *kiwisportwaikato@sportwaikato.org.nz*

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*Sport Waikato, Attention KiwiSport, PO Box 46, Hamilton, 3240 or emailed to* [*kiwisportwaikato@sportwaikato.org.nz*](mailto:kiwisportwaikato@sportwaikato.org.nz)

**Thank you for your application**