*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.*

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

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; 07 858 5388, kiwisportwaikato@sportwaikato.org.nz

***Applications rounds Close Sunday 14th August 2016, 30th October 2016, 19th February 2017 and 14th May 2017***

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**. 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. **Has this project or similar been run before?** [ ] Yes [ ] No

If Yes please provide details below

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.

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

1. **Please specify what towns/communities your project will be delivered in under the relevant district(s) below?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hamilton** | **Waikato** | **Waipa** | **Otorohanga** | **Waitomo** | **South Waikato** | **Taupo** | **Matamata/ Piako** | **Thames/ Coromandel** | **Hauraki** |
| 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. |

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. KiwiSport funding should ultimately result in the delivery of sporting skill sessions and/or opportunities for school age students to participate in organised sport. **Please fill in any applicable boxes below regarding the number of sessions, delivery hours, target age groups and anticipated number of participants for your project.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **What school term(s) will your project be delivered in?** | **Number and frequency of sessions delivered** (e.g. Afterschool – Total 8 sessions (2 sessions per week for 4 weeks); Weekend – 24 sessions. (6 weeks with 4 games each weekend) | **Average length of session** (hours. Eg 0.5 hours = 30min) | **Total delivery hours** (no. of sessions x length of session) | **Target age groups** | **No. of schools involved** (if applicable) | **Anticipated No. of individual participants involved** | **No of delivery sessions each individual participant will receive** |
| Before school |  |  |  |  |  |  |  |  |
| During Curriculum  |  |  |  |  |  |  |  |  |
| Lunch time |  |  |  |  |  |  |  |  |
| Afterschool |  |  |  |  |  |  |  |  |
| Weekend |  |  |  |  |  |  |  |  |
| Summer holidays |  |  |  |  |  |  |  |  |
| Term holidays |  |  |  |  |  |  |  |  |

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.

***Partnerships and Support***

1. **Is your project supported by your relevant Governing body and or regional or national sporting organisation?**  [ ] Yes [ ] No

*Please attached any letters of endorsement for your project from your governing body if applicable*

1. **Is your project reliant on Schools agreeing to participate or club(s) involvement?**

*e.g. delivery to students during school time, school teams being entered into an event/competition* [ ] Yes [ ] No

**If you answered yes to the above question, what schools/clubs will be targeted and who has already agreed to support your project?**

*Expectation: If delivery of your project is dependent on school(s) participation, support should be obtained prior to an application being submitted.*

Click here to enter text.

***Health and Safety***

1. **How will you insure the safety of participants, delivers and the general public during your project:**

*(EG First aider with first aid kit on site, completing a Risk Analysis and Management form, health and safety policy etc). Please attach any relevant information.*

Click here to enter text.

***Outcomes***

1. At the completion of your project what do you hope to be the key outcomes achieved? How will you know your project has been successful?

Click here to enter text.

1. Please provide any baseline figures and anticipated growth as a result of your project in the table below? EG. Number of clubs, club membership, team entries in module etc.

|  |  |
| --- | --- |
| **Baseline figures (past/current numbers)** | **Anticipated growth as a result of the project** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

***Budget – Project Income***

1. **Is your organisation GST registered?** [ ]  Yes [ ] No (*If GST registered please exclude GST from all figures you provide below*)
2. **What is the total financial cost to run your project? $** Click here to enter text.
3. **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:** | **Confirmed Income:** | **Anticipated Income** |
| **KiwiSport Kick Start Funding** |  | **$** |
| **Own organisation** | **$**  | **$**  |
| **Schools** | **$**  | **$**  |
| **Gaming, Trust or Community grants** | **$**  | **$**  |
| **Local Authority grants** | **$**  | **$**  |
| **NSO or RSO** | **$**  | **$**  |
| **Clubs** | **$**  | **$**  |
| **Sponsorships** | **$**  | **$**  |
| **Participant fees** | **$** | **$**  |
| **Other:** Click here to enter text. | **$**  | **$**  |
| **Other:** Click here to enter text. | **$**  | **$**  |
| **Other:** Click here to enter text. | **$**  | **$**  |
| **Other:** Click here to enter text. | **$**  | **$**  |
|  |  |  |
| **Sub Total** | **$**  | **$**  |
| **Total** |  **$** |

 *Office use only. Amount approved $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Budget – Project Expenses***

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

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 projct.

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

***Extra information***

**1) Please provide any other relevant information regarding your project that may support this application:**

Click here to enter text.

*Officer use only (Project Characteristics)*

* + Low Participation target/s if any? Asian, Indian, Low decile, low participation communities, Samoan, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Type of Activity? Festival Event, Multiple Sport Taster, Purchase of Equipment, Skills Programme, Sport Opportunity/Competition, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Primary Strategic Outcome? Increased Opportunity, Increased Participation, Increase Skill
	+ Setting? Before/After School, Curricular, Holidays, Lunchtimes, Weekend
	+ Sport/s? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Outcome of application*

Successful Successful with Conditions Unsuccessful

Amount Approved $

Conditions to be met:

***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: Email: kiwisportwaikato@sportwaikato.org.nz Phone: 07 858 5388

*Completed applications are to be forwarded to: Sport Waikato, Attn: KiwiSport, PO Box 46, Hamilton, 3240*

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

**Thank you for your application**