**DROWNING PREVENTION FUND 2018-19**

**APPLICATION FORM**

***This application form is for drowning prevention programme*** ***funding only***.

* If you are seeking funding for water safety research use the application form titled *Water Safety Research Funding* *Programme 2018-19.*

Before you get started please note:

* Ensure that this Application Form is read in conjunction with the *Water Safety New Zealand Drowning Prevention Investment Prospectus 2018 – 2019.*
* All applications must follow the three steps of the Funding Process that are described in the *Drowning Prevention Investment Prospectus*.
* A separate application form must be completed for each project submitted.
* All completed application forms are to be uploaded onto the Water Safety New Zealand website at [www.watersafety.org.nz](http://www.watersafety.org.nz) no later than

***10am Monday 21 May 2018.***

* **Late or incomplete applications will not be accepted.**

**Tell us your details**

|  |  |
| --- | --- |
| **Name of Group/Organisation** |  |
| **Contact Person** |  |
| **Postal Address** |  |
| **Email** |  |
| **Phone** |  |

**Tell us about your project**

|  |
| --- |
| 1. **What is the name of your project?**
 |
|  |
|  |
| 1. **Summarise its purpose and main activities**
 |
|  |

|  |
| --- |
| 1. **Identify your project category**
 |
| **❑** | **New project** | **❑** | **Continuation of an existing project**  | **❑** | **Extension of an existing project** |

|  |
| --- |
| 1. **Proposed timescale**
 |
| **❑** | **One Year** | **❑** | **Two Years** | **Start date:** |  | **End date:** |  |

**Budget**

(All figures exclude GST)

|  |
| --- |
| 1. **How much funding from WSNZ are you seeking?**
 |
|  |

|  |
| --- |
| 1. **What is the total project cost?**
 |
| **List all expenses** | **$**  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** | **$** |

|  |
| --- |
| 1. **What expenses will the WSNZ funding be applied to?**
 |
|  |

|  |  |
| --- | --- |
| 1. **List any other funding sources for the project**
 | **$**  |
|  |  |
|  |  |
| **TOTAL** | **$** |

|  |
| --- |
| 1. **How much of this additional income has been confirmed?**
 |
| $  |

**Funding Criteria**

(Please refer to the Funding Prospectus for details)

|  |
| --- |
| **Step One: Identify your Funding Goal(s)** |
| **❑** Every New Zealander has the opportunity to develop water safety knowledge and survival skills**❑** New Zealand communities take the lead to promote the safe enjoyment of local water**❑** Males Improve their knowledge, attitudes and behaviour to take personal responsibility for water safety**❑** Parents improve their knowledge, attitudes and behaviour to take personal responsibility for supervising preschool children around water |

|  |
| --- |
| **Step Two: Identify your Priority Area/s** |
| **❑** Water Skills for Life (WSFL) for children in schooling years 1 to 8 (see page 5 of the Prospectus)**❑** Other aquatic skills programmes for children in schooling years 1 to 8**❑** Children Under Five**❑** High Risk Groups, Activities and Environments**❑** Communities at risk of poor water safety outcomes**❑** Males, especially aged 15 – 24 years, and over 45 **❑** High riskenvironments**❑** Awareness and education for hard to reach groups**❑** Activities with high rates of drowning death and injury**❑** Innovation and Value added Opportunities |
| **Step Three: Assessment Criteria** |

|  |
| --- |
| 1. **What drowning problem does this project address?**
 |
|  |

|  |
| --- |
| 1. **Benefits**
* **What benefits will this project deliver for the nominated Funding Goal and Funding Priorities? Be specific**
* **Who, and how many people, will receive these benefits?**
* **If you’re going to provide WSFL, what schools will be involved and what year group(s)?**
 |
|  |

|  |
| --- |
| 1. **Evidence**

**How do you know that your project will deliver these benefits?** |
|  |

|  |
| --- |
| 1. **Warranty**

**Demonstrate your track record and capability to deliver the project on time and to standard** |
|  |

|  |
| --- |
| 1. **Collaboration and Leverage**

 **Complete the table for partners involved in your project** |
| **Partner and Role*****(e.g. participant, funder, volunteer etc.)*** | **Value leveraged** | **Confirmed****Y / N** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| 1. **Monitoring and Evaluation**

 **How will you monitor your project and demonstrate its effectiveness?** |
| **Measure** | **Monitoring Method** |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| 1. **Data entry**

**If you’re going to provide WSFL, have you entered data into the WSFL database before** |
| **❑ Yes - Go to final sign-off****❑** **No – WSNZ will contact you if your application is successful to see if you would like advice and/or training on the WSFL database** |

**Final sign-off and checklist**

**Declaration**

|  |  |
| --- | --- |
| **❑** | I declare that all the information given in this application to be true and correct. I am authorised to sign this application on behalf of the group / organisation named herein |
| **❑** | I have read the 2018/19 Investment Prospectus |
| **❑** | I have completed the checklist below: |
|  | **❑** | My project is eligible |
|  | **❑** | My project is in line with WSNZ’s Funding Goals, Priority Areas and Assessment Criteria |
|  | **❑** | All questions are completed |
|  | **❑** | Partners are confirmed by attaching letters of support (new / expansion projects only) |
|  | **❑** | Last year’s audited *Financial Statements* are attached |
|  | **❑** | The declaration is signed either by the CEO or Chairperson |

|  |
| --- |
| **CEO or Chair Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |