***Choice Not Chance* Community Fund**

###### Introduction

A key focus for the Health Promotion Agency’s (HPA’s) *Choice Not Chance* Programme is to increase awareness of the early signs of harmful gambling and encourage people to seek help and take positive action early, both for themselves and others they care about.

Community led activities offer many opportunities to increase this knowledge and encourage positive help-seeking behaviours. The *Choice Not Chance* Programme is offering grants of up to $4,000 to support minimising gambling harm services and community groups in achieving this.

###### What is the aim of the Community Fund?

The aim of the Community Fund is to support community groups to develop and implement initiatives that promote nationally consistent messages, using an approach that is locally appropriate. This funding is intended to enable initiatives that otherwise may not be possible.

###### Who can apply?

The Community Fund is open to not-for-profit organisations. The application process encourages minimising gambling harm services or local community groups to lead and develop appropriate activities and events. While non-government organisations or community groups may drive the process, at least one minimising gambling harm service is required to support the application. There is an expectation for organisations to work together and to also seek alternate forms of funding and support if required.

###### What funding is available?

Providers may be eligible for up to **$1,000** per initiative OR up to **$4,000** for a collaborative initiative. A collaborative initiative is one which involves at least two minimising gambling harm services or non-government organisations.

If an application is successful we can pay up to 75% of the funding upfront (after the letter of grant is signed) and the remaining 25% (after the feedback form has been completed).

###### Application criteria

The initiative must:

1. Be supported by a local minimising gambling harm service.
2. Demonstrate partnerships or linkages within the local community.
3. Target one or more priority populations. Priority is given to initiatives that support, low socio-economic communities, with a focus on Māori and Pacific.
4. Have clearly defined goals and activities that focus on nationally consistent messages (increasing understanding about signs of harmful gambling and providing information about how individuals/families should respond to gambling harm).
5. Be conducted within an environment that supports and does not contradict the *Choice Not Chance* kaupapa or other public health messages.
6. Include a plan for evaluating/measuring the success of the event.
7. Demonstrate good value for money.

###### Funding exclusions

* Services usually provided by your entity.
* Retrospective funding for activities that have already happened before the application closing date.
* Activities that require ongoing funding from HPA.

###### What happens to your application?

1. Your application will be acknowledged by email. (If you do not receive a confirmation email within five working days of submitting your application please contact us info@choicenotchance.org.nz).
2. Your application will be assessed using the criteria above.
3. We will give feedback, request further information and/or approve the application within two weeks of receiving it.
4. A letter of grant will be sent to the fundholder for signing.
5. You will return the letter of grant with an invoice (75% of the total).
6. After the event you will fill out a feedback form and send in your final invoice (25%).

**Please email** applications to: info@choicenotchance.org.nz any time from July 2016 to June 2017 or until the funding has been fully used.

##### *Choice Not Chance* Application form

###### Organisation and Contact details

|  |  |
| --- | --- |
| Organisation name:  | [insert the name that you operate under] |
| Full legal name (if different) | [if applicable – this is the name which you are registered as a company, trust etc] |
| Registered office | [if you have a registered office insert the address here] |
| Physical address: | [if more than one office – put the address of your head office] |
| Postal address: | [eg, PO Box address] |
| GST registration number (if applicable): | [insert your NZ GST number if applicable ] |
| Main contact person:  | [name of the person responsible for communicating with HPA] |
| Position: | [job title or position] |
| Phone number: | [landline or mobile] |
| Email address: | [email address we can contact you on] |
| Is this a collaborative initiative?  | Yes/No[Please list all other groups / organisations involved] |

###### Describe your initiative

Information provided in this section will be used to assess whether your proposed initiative is eligible for funding

|  |  |
| --- | --- |
| What is the name of your initiative?  |  |
| Brief overview  | [Please include start and finish dates] |
| Venue/Location: |  |
| Is this a new initiative or have you run it before? | [If you have run something like this before please provide details, including key achievements] |
| What are the goals of your initiative: | [eg, promote the early signs of harmful gambling, providing information about the range of support available] |
| What are the specific activities that will help you achieve your goals?  | [eg, holding a quiz about the early signs of gambling] |
| Describe how you plan to incorporate *Choice Not Chance* materials into this event or activity: | [eg, describe how materials might be used in activities, prizes, event promotion] |
| How will your initiative link in with the Gambling Harm Awareness Week national activity?  |   |
| What types of people (age, ethnicity, etc.) are you hoping to engage with the initiative?  |  |
| How many people do you aim to have there?  |  |
| Indicate how you will promote the initiative:  |  |
| Would you like support in promoting your initiative?  | [If so, please indicate which aspects you would like support with (eg, working with local newspapers/radio, developing printed flyers] |
| Describe how you intend to evaluate the success of your initiative [how will you measure your goals set out above]  | [eg, survey of those attending the event measuring their recall of key messages, and any action they take as a result eg, would tell a friend, visit the *Choice Not Chance* website]  |

###### Funding

If an application is successful we can pay up to 75% of the funding upfront (after the letter of grant is signed) and the final 25% (after the feedback form and invoice have been completed).

|  |  |
| --- | --- |
| How much will your initiative cost?  | $ |
| Do you have other financial support or other contributions for this initiative?  | □ No □ Yes (If yes, please complete the table below) [Please list any other contributions that are not listed in the budget eg, contributions from your organisation or other sources, volunteers or donated goods]  |

###### Budget Breakdown

* In the table below tell us how much funding you want from HPA. Don’t include costs being covered by other funders.
* HPA will use the information provided in this section to understand how the funding will be applied towards the initiative and to assess whether your funding application represents value for money.

| **Description of item** | **Basis of cost calculation**(eg, unit price x number of units) | **Funding sought from HPA**(excluding GST) |
| --- | --- | --- |
| [eg, Food for the event]  | [eg, Bag of fruit $5.00 x 4 bags]  | [eg, $20] |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL funding sought from HPA**  | **[eg, $20]** |

###### Declaration and agreement

Guidance for applicants

* Here you are asked to answer questions and make a formal declaration.
* Remember to select ‘agree’ or ‘disagree’ in each row. If you don’t you will be deemed to have agreed.
* Remember to get the declaration signed by someone who is authorised to sign and able to verify each of the elements of the declaration eg, chief executive or a senior manager.

|  |  |  |
| --- | --- | --- |
| Funding expectations  | I/we have read and fully understand the purpose of the Fund and HPA’s objectives for making the funding available. I/we confirm that the Applicant/s has the necessary capacity and capability to deliver the initiative described in this Application and achieve the expected benefits. | [Agree / Disagree] |
| Accuracy  | I/we declare that in submitting the Application and this declaration the information provided is true, accurate and complete and not misleading in any material respect.I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the Application may result in the Application being eliminated from further consideration and may be grounds for termination of any Conditional Grant Agreement awarded as a result of the invitation. | [Agree / Disagree] |
| Authority  | I/we have secured all appropriate authorisations to submit this Application, to make the statements and to provide the information in the Application and I/we am/are not aware of any impediments to enter into a Conditional Grant Agreement to deliver the initiative this Application describes. | [Agree / Disagree] |
| Signing  | By signing this declaration the signatory below represents, warrants and agrees that he/she has been authorised by the Applicant/s to make this declaration on its/their behalf. |  |
| Signature: |  |
| Full name: |  |
| Title / position: |  |
| Name of organisation: |  |
| Date: |  |