

PO Box 98 Rarotonga Cook Islands Phone (682) 29370 Fax (682) 23608 www.intaff.gov.ck

**Social Impact Fund (SIF)** Application Form

|  |
| --- |
| 1. **Name of Organisation:**
 |
| 1. **Civil Society Registration Number:**
 |
| 1. **Project Title:**

 |
| 1. **Management:**

Committee members of the organization. (President, Secretary, Treasurer, Committee members) |
| 1. **Authorised contact Person(s):**

Title: First name: Last name: Address: Telephone/mobile: Email:  |
| 1. **Background**

Please provide a brief background of your organization e.g. when the Organization was formed, main activities, No of members. |
| 1. **Statement of need:**
2. Why is the project needed?
3. Cost:
4. Duration:
 |
| 1. **Project Description:**

What services will your organization provide to meet the need identified in Section 7.  Please use bullet points. |

|  |  |  |
| --- | --- | --- |
| 1. **Priority Areas**
 | **Priority Requirements** (Indicate which key priority area your project proposal aligns to) |  |
| * *Gender Equality*
 | Participation of women and girls in economic development |  |
| Equitable participation of women and men in decision making governance and political representation  |  |
| * *Children and Youth*
 | Participation of Youth in economic, education & Lifelong opportunities |  |
| Strengthening strong family values, cultural and support systems |  |
| Improved living conditions, health and welfare of children |  |
| The Care and protection of children and young people at risk |  |
| * *The Elderly*
 | Participation of older persons in education, employment, cultural, spiritual and recreation |  |
| Improved living conditions, health, care and welfare of older persons |  |
| * *Domestic Violence*
 | Elimination of violence against women and children  |  |
| Provision of support services to survivors and families of domestic violence  |  |
| Awareness and Support of the Family Protection and Support Act 2017 |  |
| * *Disabilities*
 | Participation of people with disabilities in all levels of family, community, island and national life  |  |
| Provision of support services to all persons with disabilities and their families |  |
| * *Mental Health*
 | Participation of people with mental disorders at all levels of family, community, island and national life |  |
| Awareness amongst Cook Islanders of mental health issues  |  |
| * Cross Cutting
 | For the proposals that meet the needs of more than one of the above priorities may be considered provided that clear links can be shown to benefit those areas |  |

|  |
| --- |
| 1. **Have you secured co/funding for this project from another source?**
2. **Have you secured funding for any project from SIF before?**
3. **Are you funded by other Donors/Sources? Please list them**

**Year Amount****1.****2.** |
| 1. **Budget**(Itemise)**:** Limit is between $5,000 to $20,000 (Sample only below)

|  |  |
| --- | --- |
| **Item e.g.** | **Amount** |
| 1 x worker (if over $11,000)Superannuation @ 5%PAYE | $11,000 550$10,450 |
| Operation costs | $3,000 |
|  Training costs | $4,000 |
| **Total Cost** | **$20,000** |

 |
| **13. Bank Account Details**Account name: Bank name: Account number:  |
| 1. **Account Signatories**

Signatory 1Title: First name: Last name: Address: Telephone / mobile: Fax:Email: Position in Organisation: Signature: ……………………………………………………………………Signatory 2Title: First name: Last name: Address: Telephone : Fax:Email: Position in Organisation: Signature: ……………………………………………………………………NB: Organisations can authorize 3 to 4 Trustees on an Account to cover occasions when the above signatories are off the island unexpectedly or for long periods. |
|  |

**13. Checklist - *To be completed by the applicant (s)***

|  |  |
| --- | --- |
|  **Yes / No**  | **Have you completed all parts of the Application Form Correctly?** |
| **Authorized by:****Title:** |  |
| **Signed:****Date:** | **Is the application Signed and Dated?** |

|  |
| --- |
| **For additional support please contact:**MINISTRY OF INTERNAL AFFAIRSSocial Impact Fund OfficeP.O Box 98, Tupapa, Rarotonga, Cook IslandsTel: SIF direct line (+682) 29378 Ext 717, Ministry Line (+682) 29 370, Fax:  (+682) 23 608  Website: www.intaff.gov.ck **National Coordinator SIF**Mob: (+682) 74557Email: angeline.tuara@cookislands.gov.ck  |