

**Ministry of Internal Affairs**

**GOVERNMENT OF THE COOK ISLANDS**

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

**Social Impact Fund (SIF)**RFP Concept Proposal

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| 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 |

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| 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 |  |

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| 1. **Have you secured co/funding for this project from another source?** 2. **Have you secured funding for any project from SIF before?** |
| 1. **Budget**(Itemise)**:** Limit is between $5,000 to $20,000  |  |  | | --- | --- | | **Item e,g** | **Amount** | | 1 x worker | $8,000 | | Operation costs | $3,000 | | Training costs | $4,000 | | **Total Cost** | **$15,000** | |
| **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: …………………………………………………………………… |

**13. Checklist**

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

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| **For additional support please contact:**MINISTRY OF INTERNAL AFFAIRS Social Impact Fund  P.O Box 98, Tupapa, Rarotonga, Cook IslandsTel:  (+682) 29 370 Fax:  (+682) 23 608  Website: www.intaff.gov.ck  **National Coordinator SIF**Mob:(682) 74557  Email: [angeline.tuara@cookislands.gov.ck](mailto:angeline.tuara@cookislands.gov.ck) |