

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

**Social Impact Fund (SIF)** Request For Proposal: Project Funding

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| 1. **Name of Organisation:** |
| 1. **MOJ/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:  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) Identify one main area. |  |
| * *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?** 3. **Are you funded by other Donors/Sources? Please list them from Past to Present.**   **Year Amount**  **1.**  **2.** |
| 1. **Budget**(Itemise)**:** Limit is between $5,000 to $20,000 (Sample only below)  |  |  | | --- | --- | | **Outputs** |  | | 1. **Management** |  | | 1. **Operations** |  | | 1. **Programme & Activity** |  | | **Total** |  | |
| **14. Bank Account Details**  Account name:  Bank name:  Account number: |
| **15. Account Signatories**  Signatory 1Title:  First name:  Last name:  Address:  Telephone:  Fax:  Email:  Position in Organisation:  Signature: ……………………………………………………………………  Signatory 2Title:  First name:  Last name:  Address:  Telephone / mobile:  Fax:  Email:  Position in Organisation:  Signature: ……………………………………………………………………  Signatory 3Title:  First name:  Last name:  Address:  Telephone / mobile:  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. |
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**16. Checklist - *To be completed by the applicant (s) before submitting***

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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 AFFAIRSSocial Impact Fund Office  P.O Box 98, Tupapa, Rarotonga, Cook IslandsTel: SIF direct line (+682) 29378 Ministry Line (+682) 29 370, Ext 717 & 724, Fax:  (+682) 23 608  Website: www.intaff.gov.ck  **SIF Manager: Angeline Tuara** Mob: (+682) 74557  Email: [angeline.tuara@cookislands.gov.ck](mailto:angeline.tuara@cookislands.gov.ck)  **SIF Officer: Princess Elia Raukete** (+682) 56280  Email: [elia.raukete@cookislands.gov.ck](mailto:elia.raukete@cookislands.gov.ck) |

# Appendix B: Progress Against Results Framework and Table

GOAL:

Short term

outcome

Output

**Results Measurement Table**

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| **Short-Term outcomes** | | | | | |
|  | **Indicator**  Name of activity/training/session | **Baseline**  Number of activity/training/session in figures now | **Target**  Number of activity/training/session in figures you are targeting for the future | **Actual**  Actual Result of activity/training/session in 6 Months | **Data source**  Where do you keep your Records? E.g – Ofiice Files? Office Database? Office Log book? Staff Log Book? |
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| **Outputs** |  |  |  |  |  |
|  | **Indicator**  Number of activity/training/session competeted | **Baseline**  Number of activity/training/session in figures now | **Target**  Number of activity/training/session in figures you are targeting for the future | **Actual**  Actual Result of activity/training/session in 6 Months | **Data source**  Where do you keep your Records? E.g – Ofiice Files? Office Database? Office Log book? Staff Log Book? |
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