 

**“Government of The Cook Islands”**

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

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| 1. **Ingoa O Te Runanga: Name of Organisation:** |
| 1. **Numero Retita O Te Putuputu’anga: Incorporated Society Registration Number:** |
| 1. **Upoko: Title of your Project:** |
| 1. **Mana Runanga: Governance**   Akatere Uipa’anga: President  To’i Korero: Secretary  Mou Moni: Treasurer  Ui Rangatira: Committee members |
| 1. **Tangata ‘Oro’oro: Contact Person for this application:**   Title:  First name:  Address:  Telephone/mobile:  Email: |
| 1. **To’ou Korero: Tell us about your Organisation:**   Please provide a brief background of your organization e.g. when the Organization was formed, main activities, number of members. |
| 1. **Akakoroanga o teia pati’anga/kura: Purpose of Project: Why is the project needed?**   Akara ki te Irava 9 (Refer to sec.9 Priority Areas)   1. Akapou’anga moni/Tuatau/Pakau (Cost): include section into budget line 2. Tuatau (Duration) |
| 1. **Te au tu’anga tauturu te ka rauka mai, mei tei taiku’ia I runga ite irava 7: What services /products will your organization provide to meet the need identified in Section 7?** 2. **Tata mai I te reira: List the services** |

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| 1. **Manako Nui (Priority Areas)** | **Priority Requirements.** Iki mai e 1-3 Manako Nui (**Choose 1-3 priority areas)** | **Tick Box** |
| * *Gender Equality* | Participation of women and girls, men and boys and transgender in economic development |  |
| Equitable participation of women, men and transgender 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. **Tauturu a te SIF i mua’ana: Have you received funding for any project(s) from SIF before?** 2. **Tauturu takake mei te SIF: Have you received any other funding outside of SIF for this project?** 3. **Please list other Donor Funders from Past to Present.**   **Name of Donor/Funder Year Amount** |
| 1. **Pati’anga Moni: Budget** (Itemise & breakdown)**:** Limit is between $5,000 to $20,000 (Sample only below)  |  |  | | --- | --- | | **Maroiroi: Outputs** | **Pati’anga Moni: Budget** | | 1. **Akapou’anga: Administrative Costs (stationery, rent, utilities, fuel, communication, advertising, equipment, furniture & fittings)** |  | | 1. **Akapou’anga Takake: Activity Cost (specialists, workshops, meetings and conferences & consumables)** |  | | **Total** |  | |
| 1. **Vairanga Puka Moni: Bank Account Details**   Ingoa o te Puka Moni: Account name:  Ingoa o te Are Moni: Bank name:  Numero o te Puka Moni: Account number: |
| 1. **Te Au Akava: Account Signatories**   Signatory 1Position in Organisation:  Full name:  Address:  Telephone/Mobile:  Email:  Signature: ……………………………………………………………………  Signatory 2Position in Organisation:  Full name:  Address:  Telephone/Mobile:  Email:  Signature: ……………………………………………………………………  Signatory 3Position in Organisation:  Full name:  Address:  Telephone/Mobile:  Email:  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. |

1. **Tua’anga/aping ei turuturu teia pati’anga: Submit copies of supporting documents**

* Certificate of Incorporated Society with Ministry of Justice (MOJ) or Certificate of Registration with Cook Islands Civil Society (CICSO);
* Organisation Governance, Constitution & Strategic/Work Plan, Minutes of AGM;
* Obtain Island Government endorsement and ensure alignment with the Island Development Plan, if operate in the Pa Enua;
* Obtain letter of support from relevant Stakeholders, Umbrella Bodies, Associate Agency and Affiliate CSO;
* Obtain quotes/invoices – anything over $1,000 must provide 3 quotes/invoice – justify which one was selected; and
* Obtain Bank Account Confirmation letter.

1. **Tare Anga’anga: Checklist - *Please ensure to complete checklist table below by ticking √ the box.***

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| **Tick Box** | **Kua papu te au apinga turu ite pati’anga?**  **Have you checked the application form and ensure questions 1 to 15 has been correctly completed?** |
|  | **Have you obtained supporting documents as stated in question 16?**   * Certificate of Incorporated Society with Ministry of Justice (MOJ) or Certificate of Registration with Cook Islands Civil Society (CICSO); |
|  | * Organisation Governance, Constitution & Strategic/Work Plan, Minutes of AGM; |
|  | * Obtain Island Government endorsement and ensure alignment with the Island Development Plan, if operate in the Pa Enua; |
|  | * Obtain support from relevant Stakeholders, Umbrella Bodies and Affiliate CSO; |
|  | * Obtain quotes/invoices – anything over $1,000 must provide 3 quotes/invoice – justify which one was selected; |
|  | * Obtain Bank Account Confirmation letter; and |
|  | * Complete Result Measurement Framework & Table below (last page below) |

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| **Tick Box** | **Akapapa’anaga - Criteria** |
|  | 1. Locally established organisation (*Set up here in the Cook Islands)*   Kua ‘akatupu’ia ki roto nei i te Kuki Airani |
|  | 1. Acceptance of the Contract terms   Kua kauraro ki te au koreromotu |
|  | 1. Experience in delivering the identified service *(effective in delivery of services)*   Kua tau te rave ‘anga’anga |
|  | 1. Ownership *(Proposals reflect the organisations strategies for addressing the needs of the vulnerable people)*   Kua tau te takai’anga o te Putuputu’anga |
|  | 1. Alignment *(Proposals align with the purpose and criteria of SIF)*   Piri te manako nui ki te Ture o te Pute Moni |
|  | 1. Harmonisation *(Proposals show collaboration with other groups where possible in an effort to reduce duplication)*   Anga’anga kapiti ki nga putuputu’anga tukeke, no te akaīti ‘anga’anga |
|  | 1. Results *(Proposals reflect results based planning and reporting)*   Kua tupu/rauka te ‘akakoro’anga (goals achieved) |
|  | 1. Mutual Accountability *(Proposals indicate that CSO’s are* *accountability for results)*   E’ia tumu ‘anga’anga tei oti/kare i oti |

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| **Kua pini aina taau Pati’anga: Have you completed the checklist above correctly? (circle)**  **YES or NO** |
| **Atui’ia e - Prepared by:**  **Tao’onga - Title:**  **Ra - Date:**  **Signature:** |
| **Akatika’ia e - Approved by:**  **Tao’onga - Title:**  **Ra - Date:**  **Signature:** |

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| **For additional support please contact:MINISTRY OF INTERNAL AFFAIRSSocial Impact Fund Office**  P.O Box 98, Tupapa, Rarotonga, Cook Islands (682) 29 370, Ext 717 & 724 or (682) 29 378 or (682) 56 280  Website: [www.intaff.gov.ck](http://www.intaff.gov.ck)  **Manager SIF – Princess Heleina Raukete**  Email: [princess.raukete@cookislands.gov.ck](mailto:princess.raukete@cookislands.gov.ck) |

**Tatara’anga ite Maroiroi: Results Measurement Framework**

Akakoro’anga o te Anga’anga/Rare: Purpose of Project:

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| **Maroiroi tei rauka mai: Short Term Outcome**  What achievements expected to complete by the end of the project |

**Maroiroi tei rauka mai: Output**

What is required to assist to achieve the outcome

**Tatara’anga ite Maroiroi: Results Measurement Table**

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| **Short-Term outcomes** | | | | |
| **Maroiroi tei rauka mai: Short Term Outcome**  What achievements expected to complete by the end of the project | **Indicator(s)** (number(s) of participants you aim to have in the programme/activities) | **Baseline** (current number(s)) | **Results** (actual number of participants)  *(NB: not required for first applications)* | **Supporting Sources, Data and Evidence** (reporting and supporting documents e.g. log books, registrations, minutes of meetings, attendance register, social media) |
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| **Outputs** |  |  |  |  |
| **Maroiroi tei rauka mai: Output**  What is required to assist to achieve the outcome | **Indicator(s)** (number(s) of participants you aim to have in the programme/activities) | **Baseline** (current number(s)) | **Results** (actual number of participants)  *(NB: not required for first applications)* | **Supporting Sources, Data and Evidence** (reporting and supporting documents e.g. log books, registrations, minutes of meetings, attendance register, social media) |
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