 

**“Government of The Cook Islands”**

P O Box 98, Rarotonga, Cook Islands \* Tel: (682) 29-370 or \*(682) 29-378 \*E-mail: princess.raukete@cookislands.gov.ck

\*Website [www.intaff.gov.ck](http://www.intaff.gov.ck)

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

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| 1. **Ingoa O Te Runanga: Name of Organisation:**
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| 1. **Numero Retita O Te Putuputu’anga: Incorporated Society Registration Number:**
 |
| 1. **Upoko: Title of your Project:**
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| 1. **Mana Runanga: Governance**

Akatere Uipa’anga: PresidentTo’i Korero: SecretaryMou Moni: TreasurerUi Rangatira: Committee members |
| 1. **Tangata ‘Oro’oro: Contact Person for this application:**

Tao’anga: Title Ingoa: NameNgai Noo’anga: Address: Numero Tanuinui: 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)

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| **Maroiroi: Outputs** | **Pati’anga Moni: Budget** |
| 1. **Akapou’anga: Administrative Costs (stationery, rent, utilities, fuel, communication, advertising, equipment, furniture & fittings)**
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| 1. **Akapou’anga Takake: Activity Cost (specialists, workshops, meetings and conferences & consumables)**
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| **Total** |  |

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| 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 722 or (682) 29 378Website: [www.intaff.gov.ck](http://www.intaff.gov.ck)**Manager Social Policy & Services – Princess Heleina Raukete**Email: 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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