



## **HEALTHY LIFESTYLES COMMUNITY ACTION FUND Guidelines**

### ***Supporting Community Leadership and Action***

Wairarapa District Health Board (WDHB) recognizes the importance of community leadership in encouraging and bringing about healthy, active lifestyles in the community. The WDHB also recognizes that it is important to enable Maori and Pacific communities to access funding for “grassroots” initiatives that encourage healthy lifestyle activities and reduce health disparities. Funding has been provided by the Ministry of Health to support the implementation of the Healthy Eating – Healthy Action strategy in Maori and Pacific communities.

#### **What is the aim of the Community Action Fund?**

The Community Action Fund (CAF) has been established as part of the Healthy Lifestyle Strategy developed for the Wairarapa region. It aims to support community groups and organizations to develop and implement initiatives that improve nutrition and increase rates of physical activity. Research shows that good nutrition and a healthy weight together with adequate physical activity are vital to prevent or delay the onset of chronic conditions, such as diabetes and heart disease, slow disease progression and increase the quality of life for people who already have chronic conditions.

The CAF is a ‘one-off’ fund to kick-start local initiatives that will help to achieve these aims. The WDHB will work with successful applicants to look at ways of ensuring that their initiatives are sustainable for their communities.

The key themes are:

- Changing attitudes and behaviour towards healthy living
- Supporting Maori and Pacific people to achieve their maximum health and wellbeing

#### **Who can apply?**

Community groups and organizations that meet the following criteria are eligible to apply for a CAF grant:

- Be situated in and service the Wairarapa district
- Be a registered Incorporated Trust or legal entity
- Not be currently receiving funding or assistance from WDHB or its service providers for Health Promotion activities
- Have met responsibilities and accountability where WDHB funding has previously been received
- Satisfy the WDHB of your ability to manage finances and deliver the planned initiative and outcomes

- Demonstrate experience and skills to provide nutrition and physical activity programs
- Where appropriate, a member of the project team should have completed or be prepared to complete a Kai Totika Me Whakapakari Tinana (Maori Nutrition and Physical Activity Training) course delivered by Te Hotu Manawa Maori
- Demonstrate an ability to work successfully with other community groups

**It is important to note that:**

- The funding is not for one-off events without evidence of community sustainability
- Accountability reports will be required quarterly and at the conclusion of your initiative
- WDHB reserves the right to audit how the funding has been used
- A process for monitoring and evaluating the success of the project must be indicated in the plan (assistance with developing this is available if required).
- The initiative may be evaluated as part of the overall Healthy Lifestyle evaluation process

**Successful applications will:**

Have clearly defined goals and objectives that are in keeping with the Healthy Lifestyle strategy and WDHB priority areas. These priorities are:

1. To improve community nutrition
2. To increase community participation in physical activity
3. To improve awareness, knowledge and understanding about what makes a lifestyle healthy

**How much can I apply for?**

Project applications are limited to \$10,000.

**Where do I send my application?**

**Please send 4 copies of your applications to:**

Community Action Fund – Maori and Pacific Health  
 Wairarapa DHB  
 P.O. Box 96  
 Masterton

Attn: Sue McAuley, Healthy Lifestyles Program Manager

\*\* Please note: Faxed or incomplete applications will not be considered.

**Next Funding Round: Applications close at 5.pm on Friday 26<sup>th</sup> November, 2010**

**When will you hear back from us?**

We will endeavour to contact you regarding the outcome of your application within 10 working days of receiving it.

If your application is successful, we will meet with you to formally discuss and agree on the desired outcomes of your initiative.

If your application is unsuccessful, we will advise you in writing.

**HEALTHY LIFESTYLES  
COMMUNITY ACTION FUND  
Application Form**



***Supporting Community Action and Leadership***

**General Details**

Name of group/organization: \_\_\_\_\_

Name of Initiative / Project \_\_\_\_\_

Site address (where your activity takes place): \_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Personal Contact Details & Declaration**

Please give the name and details of 2 people in your group/organization who can be contacted for further information. **Both of these must sign the form below.**

**We hereby declare that,** to the best of our knowledge and belief, the information supplied here on behalf of our group/organization is correct.

**First contact person's details**

Name: \_\_\_\_\_

Ph Work: \_\_\_\_\_ Ph Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

**Second contact person's details**

Name: \_\_\_\_\_

Ph Work: \_\_\_\_\_ Ph Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>Organisational Details</b>
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a) List your group's/organisation's office holders and key/committee people:

Name	Position	Address	Phone (day)

b) Are you GST registered? Yes No If yes, what is your GST No. \_\_\_\_\_

c) What is your group/organization legal entity status \_\_\_\_\_  
**Please enclose a copy of your legal entity status**

d) In which year was your organization established? \_\_\_\_\_

e) What are the aims of your organization?

(i) \_\_\_\_\_  
\_\_\_\_\_

(ii) \_\_\_\_\_  
\_\_\_\_\_

(iii) \_\_\_\_\_  
\_\_\_\_\_

<b>Initiative Details</b>
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- a) **Please give a full description of the initiative including:**  
**Initiative Goals, Objectives,**  
**Target Population Group,**  
**Site where activity takes place,**  
**Relevant experience & skills of project team,**  
**Partners**  
**Key Milestones – action plan for implementation with projected dates**

**PLEASE PROVIDE THIS INFORMATION ON A SEPARATE SHEET USING THE HEADINGS ABOVE.**

<b>Initiative Costs – Budget</b>
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- a) State the **TOTAL INITIATIVE COST** (not your group's/organisation's annual operational costs).  
PLEASE NOTE:  
1. If you are GST registered, please do not include GST in these costs.

2. CLEARLY IDENTIFY THE SPECIFIC COSTS OF THIS INITIATIVE that your application for funding refers to
3. **The initiative must show some voluntary and/or financial contribution by your group/organization.**

b)

Full Description of initiative/project costs	Cost in \$\$
	\$
<b>Value of contribution by your organization</b> (e.g. 6 volunteers @ \$10 per hour for 10 hours - \$600)	\$
<b>Other funding applied for:</b>  <b>From whom:</b>	\$
<b>TOTAL INITIATIVE COSTS</b>	\$
<b>Breakdown of costs associated with the initiative that you want the Community Action Fund (CFA) to provide</b>	
Please use a separate sheet if necessary	\$
<b>TOTAL (CFA) COSTS</b>	\$

**CHECKLIST**

- Have 2 contact people signed the declaration?
- Have you answered all the questions on this form?
- Do your initiative costs add up?
- Have you attached a copy of your group's/organisation's legal entity status?

**PLEASE RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS**

**PRIVACY**

The information supplied in this application form will be held by the DHB and used by members of the WDHB, TPK and MSD selected only and for the sole purposes of:

- Assessing and processing this application, and for administration purposes
- Providing WDHB with statistical information to assist policy development

The information will not be disclosed unless required under the Official Information Act 1982 or for one of the purposes in connection with its collection.

You have the right to request access to and correction of information collected and held by WDHB. Any requests for access should be addressed to: Sue McAuley, Healthy Lifestyles Program Manager.