

CHECKLIST

	WHAT IS NEEDED (ACCEPTABILITY)	TICK ✓
1	Every question MUST BE COMPLETED.	
2	TWO copies of the “Application Form” to be supplied ie. <ul style="list-style-type: none">• Stapled once (top left-hand corner)• A4 size• double sided• black & white	
3	A signed and dated “Terms of Agreement”	
4	Photocopied proof of “current Legal Status” provided ie. Certificate of Incorporated Trust or Ahuwhenua Trust.	
5	A detailed “Funding Breakdown” provided	



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI



Eastern Bay of Plenty Breastfeeding Awareness Funding

Information & Application Form

March 2010

EBOP Breastfeeding Awareness Funding - Background Information

What is HEHA (Healthy Eating Healthy Action/Oranga Kai Oranga Pūmau)?

Eating well and being physically active are two of the most important things people can do for good health and well-being. The goals of the HEHA Strategy are to increase physical activity, improve nutrition and reduce obesity. There are some key priorities that the BOPDHB is keen to achieve:

1. increase physical activity
2. improve fruit and vegetable consumption
3. increase the amount of women breastfeeding and the duration they are breastfeeding for

The aim of this funding is related to number 3 above ie. Increase the amount of women breastfeeding and the duration they are breastfeeding for.

What is this pool of funding?

This pool of funding is one-off and available to SUPPORT and ENCOURAGE māmā and pēpē in breastfeeding and encourage the length of time breastfeeding occurs. The fund is held by the BOPDHB and support and assistance throughout the process is provided by the Māori Community Coordinator.

Who can apply?

Any Kōhanga Reo, Kura or Hauora within the Eastern Bay of Plenty region is eligible to apply to the fund so long as they meet all criteria. All funding is required to pass through the accounts of an organisation with an appropriate and current legal status. PROOF of legal status is essential (See page 5, How do I apply?).

What is the timeframe to use the funding?

All project activities are required to be completed within a three month period from May to July 2010.

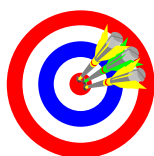
How much can we apply for?

The total amount available is \$47,700 so projects are expected to be small-scaled ranging in size from \$500 to \$5,000 each. Remember this funding is one-off.

How are the applications assessed?

The applications are assessed by the BOPDHB and recommendations for funding are based on the merits of an application to meet all criteria.

The DHB will be looking for ideas THAT:



<ul style="list-style-type: none"> increase awareness of breastfeeding as an important component of healthy nutrition for the whānau, hapū and community
<ul style="list-style-type: none"> improve the nutrition environment and the understanding of breastfeeding and the length of time breastfeeding needs to happen as important for the health of the whānau
<ul style="list-style-type: none"> demonstrate sustainable change that continues beyond the funding contract and is grounded in the needs of the whānau or hapū
<ul style="list-style-type: none"> are realistically sized initiatives
<ul style="list-style-type: none"> are innovative examples of breastfeeding initiatives
<ul style="list-style-type: none"> involves the wider community

How do we apply?

Applicants should COMPLETE IN FULL the Application Form (See Page 8) and deliver, courier or post to:

Cynthia Turuwhenua

HEHA Māori Community Coordinator

Bay of Plenty District Health Board

Private Bag 12024

Tauranga 3143

OR

Corner Clarke Street & 20th Avenue

Tauranga 3143

Before Submitting an Application

1. Complete the CHECKLIST (Front page) before sending to Coordinator
2. ANSWER all questions (in every section) of the application form
3. Be prepared to hand-in applications BEFORE 5.00pm on the closing date
4. Email applications WILL NOT be accepted

NOTE: All queries should be addressed to the Coordinator, Cynthia Turuwhenua on Ph: 07-579 8555 or email to cynthia.turuwhenua@bopdhb.govt.nz

What follow-up will I need to comply with?

Complete the project by the stated timeframes. Keep accurate records of the project/initiative and make them available to Bay of Plenty DHB on request/on completion of the project. Keep accurate financial records and receipts for all funding allocated. Submit milestones reports during the course of the project.

When do applications close?

Applications close Friday 26th March 2010, 5.00pm.

EBOP Breastfeeding Awareness Funding - Application Form

SECTION A: Applicant details

1. Organisation Name: _____

2. Contact Person (Full Name & Role): _____

3. Address: _____

4. Phone: _____

5. Email: _____

6. Fax: _____

7. What is the legal entity through which you are applying for funding?

(Please tick ✓ where appropriate. Refer to Page 3. Who can apply?)

Hauora

Kohanga Reo

Kura

Other (Specify)

SECTION B: Project proposal

1. Name of Project (eg. what will you call this project)

2. Project Goal (eg. what do you want to achieve, keep it simple)

3. Rationale (eg. what is the motivation for this initiative)

4. Objectives (eg. where are you going with this project)

	Actions (eg. how will this get done - be clear)	Timeline (eg. when will this be done - be clear)	Responsibility (eg. who will do it - be clear)	Resources (eg. what do you need to do it all - be clear)
<p>Objective 1 (briefly write & describe your aim here)</p> <hr/> <p>For example</p> <ul style="list-style-type: none"> • Raise awareness of importance of breastfeeding to nutrition of pēpē 	Eg. workshops	Eg. April-May 2010	Eg. Project Leader-Manager	Eg. Breastfeeding Health Promoter, venue, food, programme
<p>Objective 2 (briefly describe an aim)</p> <hr/> <p>For example</p> <ul style="list-style-type: none"> • Increase understanding of need to increase length of time breastfeeding to 12 months 	Eg. mentors	Eg. May-June 2010	Eg. Project Leader-Manager	Eg. Mentoring Coach, venue, programme
<p>Objective 3 (briefly describe an aim)</p> <hr/> <p>For example</p> <ul style="list-style-type: none"> • Increase understanding of tikanga Maori breastfeeding practices 	Eg. wānanga	Eg. June-July 2010	Eg. Project Leader-Manager	Eg. Kaitohutohu, venue, food, programme

5. Project Description (eg. what are you actually going to be doing)

6. How did you identify the need for this project? ie. Strategic Plan for Iwi or Community demand (eg. why are you doing this work and where did the idea come from)

7. What are some potential barriers that you see ahead? (eg. what is around the corner & how will you cope)

Describe the barrier	Describe the solution

SECTION C: Evaluation and Sustainability

1. How would you try to achieve “sustainability” of your project?

(Describe IN DETAIL your ideas for the future success of this work)

SECTION D: Funding Breakdown

1. For Example

DESCRIPTION OF ITEMS	QUANTITY	UNIT AMOUNT	TOTAL AMOUNT
Venue Hire			
Catering Costs			
		TOTAL BF WORKSHOPS	
BF Trainer Koha			
		TOTAL BF TRAINER	
Equipment Hireage			
Materials			
		TOTAL EQUIPMENT	
Evaluation Trainer Koha			
		TOTAL EVALUATION	
		GRAND TOTAL	

EBOP Breastfeeding Awareness Funding

Terms of Agreement

You will use funding under this agreement exclusively for the delivery of the above stated project and will not knowingly use funding under this agreement to fund other projects.

You must keep accurate records of the project and make them available to Bay of Plenty DHB if requested and on completion of the project.

You will provide a final evaluative report on the project outcomes, as agreed with the HEHA Māori Community Coordinator.

You will be expected to keep accurate financial records and receipts for all funding spent and may be subject to an external audit.

If due to unforeseen circumstances the project does not go ahead or is not completed the HEHA Māori Community Coordinator, Bay of Plenty DHB should be contacted immediately. Repayment of monies will be expected.

Name:

Name:

Signature:

Signature:

Date:

Date:

Please deliver, courier or post your completed application form to:

**Cynthia Turuwhenua
HEHA Māori Community Coordinator
Bay of Plenty District Health Board
Corner Clarke St & 20th Avenue
Tauranga 3143
OR
Private Bag 12024
Tauranga 3143**