

Nutrition Fund Application Form – Northland District Health Board
To be read with Nutrition Fund Guidelines



Section A: Applicant details

1. School / ECE details

School/ECE name:	Address: Physical: Postal:	Phone: e-mail 1: e-mail 2: Fax:
Principal/Head teacher/Manager:	Project Leader:	Decile rating (for schools): Equity funding rating (for ECEs):
Roll:	% Maori:	% Pacific:
% European	% Other:	

2. How much funding are you applying for? \$_____ **including gst**

See section E for Budget breakdown.

3. Are you applying as an individual school/ECE or as the lead of a cluster? Individual Cluster

Note: If you are applying as a cluster, please complete the School/ECE details for each cluster member (section F).

4. Has your school/ECE attended previously received funding from the Nutrition Fund? Yes No

4a. If yes, have you kept accurate records and sent in your report(s)? Yes No

Section B: Project proposal [Please use extra paper if required]

1. Nutrition project/initiative name:
2. What are the project/initiative aims and objectives? (What are you hoping to achieve?)
3. Project description (What will you do? How will you achieve your goals and objectives?)
4. How did you identify the need for this project/initiative in your school/ECE include the group(s) you will target?
5. Provide a timeline of up to 12 months? If this is part of a wider strategic plan, give details beyond 12 months.

Section C: Community involvement and whole school/ECE community approach

1. Who is involved in your project and why? Give Details. (Examples may include; Students, Staff, Board of Trustees, Whanau, Community, Agencies) Identify your core working group?

2. Have you involved your students? Give details of how and why.

3. What links does your project/initiative, and the intended outcome have to the entire school community? Students & staff, BOT, Whanau, Community.

Section D: Evaluation and sustainability

[Please use extra paper if required]

1. How do you propose to evaluate your project/initiative? How will you show you have achieved the aims/objectives?

2. How will you ensure sustainability of your project/initiative?

3. How will you share the success of your project/initiative?

Section E: Funding [Please use extra paper if required]

1. Have you sought funding from another source or are you contributing as a school/ECE to the project/initiative? If yes, please give details.

3. Please provide a detailed budget or your project and attach quotes (note at least 2 quotes are required for items over \$250)
Note: Applications without original quotes will not be accepted

Item	Name of Preferred Supplier	Amount (including gst)	Quote Attached (Y/N)
	TOTAL TO FUND:	\$	

Signed: _____
 [School Principal / ECE Manager]

Date: _____

Please post your completed application form to:

**Application to arrive no later than
 4 pm, Thursday 16 October 2008**

Tania Papalii
 Project Manager HEHA Nutrition
 Service Development & Funding
 Northland District Health Board
 PO Box 742
 Whangarei 0140

Section F: School/ECE cluster details

[Please photocopy page if extra tables required]

School/ECE name:	Address:	Phone: e-mail 1: e-mail 2: Fax:
Principal/Head teacher/Manager:	Project Leader:	Decile rating (for schools): Equity funding rating (for ECEs):
Roll:	% Maori:	% Pacific:

School/ECE name:	Address:	Phone: e-mail 1: e-mail 2: Fax:
Principal/Head teacher/Manager:	Project Leader:	Decile rating (for schools): Equity funding rating (for ECEs):
Roll:	% Maori:	% Pacific:

School/ECE name:	Address:	Phone: e-mail 1: e-mail 2: Fax:
Principal/Head teacher/Manager:	Project Leader:	Decile rating (for schools): Equity funding rating (for ECEs):
Roll:	% Maori:	% Pacific: