**GOVERNMENT OF THE COOK ISLANDS**

**MINISTRY OF INTERNAL AFFAIRS**

SOCIAL IMPACT FUND

P O Box 98, Rarotonga, Cook Islands \* Tel: (682) 29-370 \*E-mail: [internalaffairs@cookislands.gov.ck](mailto:internalaffairs@cookislands.gov.ck) and [miriama.herman@cookislands.gov.ck](mailto:miriama.herman@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:** | |
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| 1. **Upoko: Title of Your Project:** | |
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| 1. **Mana Runanga: Governance** | |
| Akatere Uipa’anga: President |  |
| To’i Korero: Secretary |  |
| Mou Moni: Treasurer |  |
| Ui Rangatira: Committee members |  |
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| 1. **Tangata ‘Oro’oro: Contact Person for this Application:** | |
| Title: |  |
| First Name: |  |
| Last Name: |  |
| Address: |  |
| Telephone/Mobile: |  |
| Email: |  |

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| 1. **To’ou Korero: Tell us about your Organisation:**   (Please provide a brief background of your organisation, e.g., when it was formed, main activities, number of members.) |
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| 1. **Akakoroanga o teia pati’anga/kura: Purpose of Project: Why is the project needed?**   (Akara ki te Irava 9 [refer to section 9. Priority Areas]) |
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| 1. Akapou’anga moni/Tuatau/Pakau: Cost (Include section into budget line) |
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| 1. Tuatau: Duration (How long is the project expected to take?) |
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| 1. **Te au tu’anga tauturu te ka rauka mai, mei tei taiku’ia I runga ite irava 7:**   **What services/products will your organisation provide to meet the need identified in Section 7?**  (Tata mai I te reira: List the services below) |
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| 1. **Manako Nui:**   **Priority Areas** | **Priority Requirements:**  (Iki mai e 1-3 Manako Nui: Choose 1-3 priority areas) | **Check 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?** | | | | |
| Yes  No  Unsure/Don’t know | | | | |
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| 1. **Tauturu takake mei te SIF: Have you received any other funding outside of SIF for this project?** | | | | |
| Yes  No  Unsure/Don’t know | | | | |
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| 1. **Please list other Donor Funders from Past to Present:** | | | | |
| **Name of Donor/Funder** | | **Year** | | **Amount** |
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| 1. **Pati’anga Moni: Budget** (Itemise & breakdown: Limit is between $5,000 to $20,000: Sample shown below) | | | | |
| **Maroiroi: Outputs** (What is required to achieve the goal) | | | **Pati’anga Moni: Budget** | |
| 1. **Akapou’anga: Administrative Costs**   (Sample only)Stationery, Rent, Utilities, Fuel, Communication, Advertising, Equipment, Furniture & Fittings | | | $ | |
| 1. **Akapou’anga Takake: Activity Cost**   (Sample only):Specialists, Workshops, Meetings & 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: |  | | | |

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| 1. **Te Au Akava: Account Signatories** |  |
| **Signatory 1:** | |
| Position in Organisation: |  |
| Full Name: |  |
| Address: |  |
| Telephone/Mobile: |  |
| Email: |  |
| Signature: |  |
| **Signatory 2:** | |
| Position in Organisation: |  |
| Full Name: |  |
| Address: |  |
| Telephone/Mobile: |  |
| Email: |  |
| Signature: |  |
| **Signatory 3:** | |
| Position in Organisation: |  |
| Full Name: |  |
| Address: |  |
| Telephone/Mobile: |  |
| Email: |  |
| Signature: |  |
| (Note: 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 of time.) | |

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| 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, Organisation Constitution, Strategic Plan or Work Plan and Minutes of AGM |
| * Obtain Island Government endorsement and ensure alignment with the Island Development Plan, if operating 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 quote/invoice – justify which one of the selected |
| * Obtain Bank Account Confirmation letter |

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| 1. **Tare Anga’anga: Checklist** (Please ensure you complete the checklist table below by checking the box) | |
| **Check Box** | **Kua papu te au apinga turu ite pati’anga?**  **Have you checked the application form and ensured questions 1 to 15 have been correctly completed?**  **Have you obtained supporting documents as stated in question 16?** (As listed below) |
|  | * 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 |
|  | * Complete Result Measurement Framework & Table below (last page below) |

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| **Check Box** | **Akapapa’anaga – Criteria (the proposal will be assessed and evaluated as per the following)** |
|  | 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?** |
| Yes  No |

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| **Prepared and Approved by:** | |
| **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) 29 378  Website: [www.intaff.gov.ck](http://www.intaff.gov.ck)  **Miriama Herman – Social Impact Fund Officer**  Email: [miriama.herman@cookislands.gov.ck](mailto:miriama.herman@cookislands.gov.ck) |

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| **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: Outcome (Objective)**

What outcome is expected to be achieved by the end of the project?

**Maroiroi tei rauka mai: Outputs (How)**

How will the Outcome/Objective be achieved?

**Output 1**

**Maroiroi tei rauka mai: Outputs (How)**

How will the Outcome/Objective be achieved?

**Output 2**

**Maroiroi tei rauka mai: Outputs (How)**

How will the Outcome/Objective be achieved?

**Output 3**

Please delete or add another Outputs box above if the Outputs is more as the above is an example.

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| **Tatara’anga ite Maroiroi: Results Measurement Table** | | | | |
| **Maroiroi tei rauka mai: Short Term Outcome (Objective)**  What outcome is expected to be achieved by the end of the project? | **Indicator(s)**  Example: number(s) of participants you aim to have in the programme /activities | **Baseline**  Example: current number(s) | **Results**  Example: actual number of participants  (NB: not required for first applications) | **Supporting Sources, Data and Evidence**  Example: reporting and supporting documents such as log books, registrations, minutes of meetings, attendance register, social media |
| Outcome |  |  |  |  |
| **Maroiroi tei rauka mai: Output (How)**  How will the Outcome/Objective be achieved? | **Indicator(s)**  Example: number(s) of participants you aim to have in the programme /activities | **Baseline**  Example: current number(s) | **Results**  Example: actual number of participants  NB: not required for first applications | **Supporting Sources, Data and Evidence**  Example: reporting and supporting documents such as log books, registrations, minutes of meetings, attendance register, social media |
| Output 1 |  |  |  |  |
| Output 2 |  |  |  |  |
| Output 3 |  |  |  |  |

Please delete or add another Outputs column above if the Outputs is more as the above is an example.