## Ethnic Communities COVID-19 Vaccine Uptake Fund

This fund invites applications from ethnic community groups / organisations who require project support to increase the uptake of the COVID-19 vaccine within their community.

Funding is available to help meet basic costs, such as venue hire, catering, transport costs, interpreters, collateral and wellbeing support.

Before you begin, please ensure you have the following:

* Evidence of your bank account, such as a deposit slip showing your name and account number.

## Community group/organisation details

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| --- | --- |
| **Name of community group/organisation:** | Enter name in full. |
| **If your community group / organisation is registered, please provide**: |
| New Zealand business number: | Enter N/A if in applicable. |
| GST number: | Enter N/A if in applicable. |
| **What ethnic community/communities will benefit from this project?** |
| [ ]  Middle Eastern | [ ]  Latin American |
| [ ]  African | [ ]  Asian |
| [ ]  Continental European | [ ]  Multiple Ethnic Groups |
| Specific Ethnic Community: | Enter text. |
| **Number of people you expect will help/volunteer in your event/project?** | Choose an item. |

## Bank Account details

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| **Please provide evidence of your bank account, such as a deposit slip showing your name and account number**: |
| Bank account number: | Enter text. |
| Main Contact Details

|  |  |
| --- | --- |
| First Name: | Enter text. |
| Last Name: | Enter text. |
| Position in the group: | Enter text. |
| Email: | Enter text. |
| Mobile: | Enter text. |

Organisation address or main contact address

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| --- | --- |
| Flat/house number: | Enter text. |
| Street Address: | Enter text. |
| Suburb: | Enter text. |
| Town/City: | Enter text. |
| Region: | Enter text. |

Support RequiredEvent/Project

|  |  |
| --- | --- |
| Name: | Enter text. |
| Location: | Enter text. |
| Start Date: | Enter date. |
| Description: | Enter text. |
| Number of people expected to participate in your event/project? | Choose an item. |

Total Funding Requested

|  |  |  |
| --- | --- | --- |
| Venue:For vaccination and community hui to address vaccine hesitancy |  Provide brief description |  NZD Amount |
| Catering:Such as providing snacks, light meals and non-alcoholic beverages |  Provide brief description |  NZD Amount |
| Transport costs:To cover costs such as hiring a vehicle to get rural or isolated ethnic community members to vaccination centres |  Provide brief description |  NZD Amount |
| Interpreter/Translation Services:Interpreters to assist with community language barriers and/or translations of hard copy or e-copy material |  Provide brief description |  NZD Amount |
| Wellbeing Support:To help with those who are psychologically afraid of needles |  Provide brief description |  NZD Amount |
| Koha/Other: Any other Operational Costs to support uptake of vaccine by ethnic communities. |  Provide brief description |  NZD Amount |
| Delivery Timeline:Project to be completed from two months of when the application is approved. |  Please confirm and/or provide brief description  |   |
|  | **Total funding requested** |  NZD Amount |

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## Declaration and Consent

For the purpose of processing this application and assessing our group's eligibility, I/we authorise the Ministry for Ethnic Communities to:

* collect information about this application and our group from, and disclose such information to, third parties; and
* collect, retain, use and disclose personal information about individuals who are noted in this application. We confirm we have consented to authorise this.

If this application is successful, I/we agree to:

* complete the project as outlined in this application (or request permission in writing from the Fund Lead for any significant change to the project)
* complete the project from two months of the application being approved, unless stated otherwise
* return any unspent funds
* keep receipts and a record of all expenditure for seven years

I understand that if the application has been made by an organisation and the organisation is GST registered, payment will be made upon receipt of a tax invoice to supplied bank account

I confirm that I have read the[privacy policy](https://www.ethniccommunities.govt.nz/privacy-policy/).

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|[ ]  **I declare that all the above are true and correct.** |
| Full Name: | Enter text. |
| Title/Position: | Enter text. |
| Signature: | Enter text. |
| Date: | Enter date. |

Please email this competed form along with evidence of your bank account, such as a deposit slip showing your name and account number to vaccinefund@ethniccommunities.govt.nz.

## For office use

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| Date application received: | Enter date. |
| Application number: | Enter text. |