



Community Transformation Partnership (CTP) Project Application

Name of Proposed Project	
Implementing Church / Organisation	
Project Leader (Contact Name)	
Contact Person (Phone Number)	
Contact Person (Email)	
Contact Address	
Project Duration	Start Date:
	End Date:
Number of expected participants impacted	Number of females:
	Number of males:
CTP Project	<input type="checkbox"/> Welcome Baby <input type="checkbox"/> My Money: _____ <input type="checkbox"/> Toolbox Parenting <input type="checkbox"/> Pasifika Families <input type="checkbox"/> Pathways <input type="checkbox"/> Depression & Anxiety Recovery Programme <input type="checkbox"/> Invictus <input type="checkbox"/> Live More Project <input type="checkbox"/> Innovation: _____
Total Budget	

<p>1. Project Aim (SMART – Specific, Measurable, Realistic, Timeframe) Example: By 01 December 2022 we will have run 2 financial literacy programmes to help 30 people increase and better their financial knowledge and position.</p>
<p>2. How have you identified the need for this initiative in the community?</p>

3. How does your project align with the funding criteria?

4. Clearly detail all the activities involved with this initiative

5. Who will be volunteering as part of the project team how many will be involved in this initiative (volunteers and other partners/organisations)?

6. Specify up to five defined outcomes (positive benefits/changes) that will ensure the success of your initiative and how you will measure these:

Define Outcome	Measurement
1.	
2.	
3.	
4.	
5.	

7. How are you planning to meet the required Adsafe and safeguarding commitments?

Check the relevant boxes where safeguarding has been completed:	Adsafe	Police Vetting
Project Leader	<input type="checkbox"/>	<input type="checkbox"/>
Key Project Team	<input type="checkbox"/>	<input type="checkbox"/>
Project Volunteers	<input type="checkbox"/>	<input type="checkbox"/>

8. What additional training/orientation will you provide to volunteers as part of this initiative?

9. How will you collect essential data (dates, activities, participant details, number of volunteers, hours volunteered) to provide accurate and timely information when due for reporting and follow up?

10. Other reporting includes sharing photos and videos with ADRA to highlight benefits to participants and the effectiveness of the initiative. How and who will gather this for your team?

11. What potential risks, challenges or roadblocks could there be and what alternatives are there to mitigate these?



CHURCH DECLARATION

Project Name:
Church/Organisation Name:
<i>Please sign the declaration below if you agree to the following:</i>
1. CTP is a partnership between ADRA New Zealand, the Conference and the local church/organisation. I agree to paying one-third the cost of the project
2. I agree that in the event that services are not able to be delivered as proposed, all remaining funds (or goods if applicable) will be returned to ADRA NZ.
3. I agree to start the project within three months of funding approval, and will provide ADRA NZ with an interim/final report, using the template provided by ADRA NZ.
4. I agree that by becoming a project partner of ADRA NZ my church is willing to assist ADRA in responding to disasters in my local area.
5. I agree that this submission has been approved by the church constituency/Board, and if we cancel/withdraw after the application has been approved a \$500 fee will be incurred.
<p>Signatories:</p> <p>Project leader: (Print name) (Signature) (Date)</p> <p>Church Minister: (Print name) (Signature) (Date)</p> <p><input type="checkbox"/> Yes, I give permission for the Conference to transfer \$..... (1/3 share) from our Church CMF bank account to ADRA NZ, upon approval of the project application.</p> <p>Church Treasurer: (Print name) (Signature) (Date)</p>
<p>Payment details:</p> <p>Once your project application has been approved and your share (1/3) of the project funds received, your resources will be organised or you will receive (2/3) of the total project funds to commence the project (for innovation projects). The final third will be paid upon submission and approval of your interim report.</p> <p>BANK DETAILS</p> <p>Bank:</p> <p>Account Name:</p> <p>Account No:</p> <p>These details are important for the payment of funds for your use, once the project is approved.</p>