# Resilience Fund Application Form

This form provides the minimum information for the application. A detailed project plan should be developed to inform this application and may be attached.

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| --- | --- |
| Project title |  |
| Date of application |  |
| Details on application |
| Applicant*[CDEM Group must endorse/sponsor all applications]* |  |
| Sponsoring CDEM Group |  |
| Other local authorities, Groups or organisations supporting this proposal |  |
| Project description |
| Executive summary *[200 words maximum]* |
|  |
| Challenge/opportunity *[200 words maximum]* |
|  |
| Alignment with priorities and objectives of the National Disaster Resilience Strategy (NDRS) *[200 words maximum]* |
|  |
| Alignment with Principles and Allocation Preferences *[200 words maximum]* |
|  |
| Application of outcomes/benefits to sector *[200 words maximum]* |
|  |
| Ongoing costs (post-project) and how it will be funded *[200 words maximum]* |
|  |
| Project design |
| Project manager |  |
| Other project members |  |
| External providers/contractors |  |
| NEMA resource (if needed) |  |
| Deliverables *[Note: payments will be made after successful completion of milestones identified]* |
| Key milestones | Date for completion | Cost (invoice amount) |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| Identified risks |
| Risks | Suggested mitigation / management |
|  |  |
|  |  |
|  |  |
|  |  |
| Funding request and use |
| CDEM Resilience Fund contribution | $ |
| Local authority / organisation contribution | $ |
| Other sources of funding or support |  |
| Budget *[please supply spreadsheet]* | $ |
| Applies if application exceeds $100,000 over the life of the project | Are you prepared to attend an interview in support of this application (if needed)? | Yes [ ]  | No [ ]  |
| Application confirmation |
| Is this application from an individual or other organisation | Yes [ ]  | No [ ]  |
| Does the CDEM Group support this application? *[sign off below confirms support]* | Yes [ ]  | No [ ]  |
| Approval of Chief Executive[Chief Executive or Head of the organisation receiving the funding] |  |
| Name: |
| Approval of CEG Chair |  |
| Name: |
| All communications regarding the application, including approval decisions will be addressed to the Chief Executive and CEG Chair |
| CDEM Group comment |
|  |
| Note: Only complete forms will be considered for assessment. All completed forms and supporting documents must be emailed to NEMA at resilience.fund@nema.govt.nz |
| NEMA Assessment [internal use only] |
| **Principles** | **Yes** | **No** |
| Local / regional focus | [ ]  | [ ]  |
| Values the role of Māori in the Emergency Management System | [ ]  | [ ]  |
| NEMA involvement required | [ ]  | [ ]  |
| **Allocation Preferences** |
| Alignment with NDRS | [ ]  | [ ]  |
| Achieves equity of outcomes for Māori communities, marae, hapū, iwi and Māori organisations | [ ]  | [ ]  |
| Outcome focused | [ ]  | [ ]  |
| Applicable in other regions / CDEM Groups | [ ]  | [ ]  |
| Supports national consistency | [ ]  | [ ]  |
| Wider funding / resource commitment | [ ]  | [ ]  |
| Build on existing work | [ ]  | [ ]  |
| Operational expenditure (Opex) | [ ]  | [ ]  |
| Capital expenditure (Capex) | [ ]  | [ ]  |
| Other |
| Application from individuals or other organisations endorsed/sponsored by CDEM Group |  |  |
| NEMA Subject Matter Expert Comment | Supported [ ]  | Not supported [ ]  |
|  |
| NEMA Regional Emergency Management Advisor Comment | Supported [ ]  | Not supported [ ]  |
|  |
| NEMA Review Panel Comment | Supported [ ]  | Not supported [ ]  |
|  |
| NEMA Director Decision Sign-off | Approved [ ]  | Declined [ ]  |
| **Director of Civil Defence Emergency Management** |

###### Report Template

|  |  |
| --- | --- |
| CDEM Resilience Fund Project Status Report | Date: DD MMMM YY |
| Project title |  | Project number |  |
| Project manager |  | Contact details |  |
| Executive summary of status |
|  |
| Progress of deliverables |
| Milestones | Status (on track, delayed, etc.) | Progress this quarter and next steps |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Identification of any issues (actual or potential) |
|  | Issue | Mitigation |
| Schedule |  |  |
| Staff resources |  |  |
| Budget |  |  |
| Dependencies |  |  |
| Stakeholders |  |  |
| Quality |  |  |
| Other |  |  |
| Budget |
| Activity | Expenditure to date | Budget to date | Full year budget | Budget forecast | Variance |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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| Comment on variance |
|  |
| Confirmation |
| I confirm the status report is accurately reflected and the invoice amount is correct. |
| **Project Manager** | **Chief Executive** | **CEG Chair** |
| Comment by Resilience Fund Coordinator |
|  |