NEW ZEALAND EMBASSY, BEIJING

HEAD OF MISSION FUND (HOMF) CHINA APPLICATION FORM

Note: This programme is designed to assist small, village-level projects with grants of around NZ$12,000. Please refer to the separate guidelines detailing purpose of fund and criteria.

A INTRODUCTORY DETAILS

Name of project: _____

Project location (please also provide a simple map): _____

_____

_____

Project duration: _____

Start date: _____ Completion date: _____

Amount of funding sought (specify currency): _____

Name of applicant: _____

Address of applicant (provide Chinese address if located in China):

_____

_____

_____

Postal Code: _____

Telephone: _____ Facsimile: _____

Email address: _____

Name of principal contact person: _____

Name of implementing agency/organisation (if different from applicant):

_____

Address of implementing agency:

_____

_____

_____

_____

Registration number (if applicable): _____

Please provide background on the applicant and/or implementing agency if applicable, including the relationship between the two:

_____

_____

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_____

Other projects the applicant and implementing group has been involved with (especially funded by New Zealand Aid Programme):

Activity (name and date)	Donor

B INFORMATION ABOUT THE PROJECT

Type of project: _____

Who will manage the project (e.g. Project Coordinator) and provide an acquittal?
Name: _____

Is this an existing project or a new project? Explain.

_____

_____

_____

Background to the project (e.g. details of local conditions relevant to the project such as climate, social-economic conditions)

Do you have support from the national, provincial and/or local government for the project? If so, provide details:

Describe the project. What are the project's objectives and how will these be achieved?

Please give the rationale for the project. Why is the project needed? (refer to the guidelines and eligible activities).

Who are the project beneficiaries? How will they benefit from the project? (In particular how will women and girls in this community benefit from the project)

How many people will participate in the project? Please detail the breakdown of men, women, boys and girls. If the project relates to training, please provide a separate list of names of those to be trained, and/or detail how they will be selected.

How will they participate?

_____

_____

_____

_____

_____

_____

Please provide an implementation plan for the project (i.e. an activity programme outlining tasks, inputs and timeframes) in the below format or attached separately.

Implementation plan (Show key tasks)

Start Date	End Date	Task	Inputs required

Describe any problems that might arise during the implementation of this project and how you will minimise them:

_____

_____

_____

_____

_____

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_____

Once the project activity is complete who will take responsibility for future costs and maintenance?

_____

_____

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_____

C PROJECT RESOURCES AND FINANCING

Please provide a budget for the project including details of proposed expenditure of the New Zealand contribution, the local (Chinese) contribution or input, and contributions from any other source. Please attach the budget separately or detail in the below table.

Activity/Input (e.g. labour, transport, materials)	**Cost*** (in local currency)
New Zealand Contribution:	
Total	
Local Contribution:	
Total	
Contribution from other sources: (please specify)	
Total	
TOTAL BUDGET IN LOCAL CURRENCY:	
AMOUNT IN NEW ZEALAND DOLLARS:	

Have you requested assistance from any other sources? If yes, please provide details:

_____

_____

_____

Please provide details of the bank account into which the New Zealand contribution should be made, if your project application is successful. Please note: Any New Zealand funding must be paid to the account of the applicant/implementing organisation and not into an individual (personal) bank account.

Bank account name: _____

Bank account number: _____

Name of bank: _____

Address of bank: _____

Bank SWIFT number: _____

Account Currency: _____

[If the bank account details are changed after the presentation of your application, please advise the New Zealand Embassy of the new one as soon as possible.]

D OTHER CONDITIONS

The project implementing agency and applicant will provide the New Zealand Embassy with a report on the use of funds and giving details of the achievements within two months of completion of the project. For projects lasting over six months, a brief six monthly progress report should also be submitted.

Officers from the New Zealand Embassy will probably wish to visit the project during travel to the provinces.

Any queries should be directed to the Development Assistance officer at the New Zealand Embassy in Beijing. Contact details are:

New Zealand Aid Programme Officer
New Zealand Embassy
No. 1 Ritan Dongerjie
Chaoyang District
Beijing 100600
People's Republic of China

Telephone: (86) 10-8532 7000
Facsimile: (86) 10-6532 4317
E-mail: beijing.enquiries@mft.net.nz

E FINAL CHECKLIST

Have you:

a. Completed all sections of the form correctly and truthfully?
b. Enclosed quotations/invoices/purchase orders for the materials or equipment you seek?
c. Attached lists of names for project participants?
d. Have you signed below?

Application submitted by:

Name _____ Title_____

On behalf of (organisation): _____

Signature _____ Date _____