A close-up of a logo

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# Age Friendly Fund Application Form 2025

Use this form to apply for an Age friendly Fund grant to support community projects that will benefit older people. **Before** you complete your application, read the [Age friendly Fund Guidance](https://www.officeforseniors.govt.nz/our-work/age-friendly-communities/apply-for-an-age-friendly-community-grant) document and **contact us** ([agefriendlyfund@msd.govt.nz](mailto:agefriendlyfund@msd.govt.nz)) to discuss your project.

The final date for applications is **Tuesday 30 September 2025.** Applications received after 30 September 2025 will not be accepted.

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| **1. Organisation Details** | | | |
| **Organisation** |  | | |
| **Street address** |  | | |
| **Postal address** |  | | |
| **Suburb and post code** |  | | |
| **Telephone** |  | | |
| **Mobile** |  | | |
| **Legal status**  If you are not a council, please state if you are:   * a registered charity (include your charity number), * incorporated society, * have previously had a contract with MSD, * have a Social Services Accreditation Level 4, and/or * are GST registered.   *Note, businesses and individuals are* ***not*** *eligible to apply.* | **Are you an applicant from a council?**   * Council Y/N   **If you are a non-council applicant:**   * Registered Charity Y/N   Charity # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Incorporated Society Y/N * Previously had a contract with MSD Y/N * Social Services Accreditation Level 4 Y/N * GST registered Y/N   GST Registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Location of project**  The city, district, town, or community your project will support/focus on |  | | |
| **Council links**  If you are not applying on behalf of a council, provide the name of your relevant local city or district council.  **You must include a letter of support from this council in your application.** |  | | |
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| **2. Contact Details** | | | |
| **Project Manager**  Who will manage the project? |  | | |
| **Job title/position** |  | **Email** |  |
| **Telephone** |  | **Mobile** |  |
|  | | | |
| **3. Project Information**  Note, you must also complete a separate Project Plan outlining your objectives, key activities, timelines, responsibilities, and deliverables. A template is available on the Office for Seniors website. | | | |
| **Project title** |  | | |
| **Project summary**  Write a brief, plain-language summary (2-3 sentences) of your project and the purpose. We will use this on our website if your application is successful. |  | | |
| **Funding requested**  Grants are from $5,000 up to $15,000 excluding GST. |  | | |
| **Project start date**  Projects must be scheduled to start after 1 January 2026. |  | | |
| **Project completion date**  Projects must be completed by 31 December 2026. |  | | |
| **Geographic area**   * What geographic area will you project cover and how many older people will benefit? |  | | |
| **Community need**   * What community need or issue will your project address? * How will your project address this need? * What short, medium, and long-term benefits will your project deliver? * How does this project align with Council strategies, plans, or priorities and the aims of the [World Health Organization’s Age friendly cities framework](https://extranet.who.int/agefriendlyworld/age-friendly-cities-framework/). |  | | |
| **Engagement**   * How will older people be involved in your project? * How will you ensure diversity of opinion and involvement of specific groups? * How will you engage with stakeholders and what roles will partners play? |  | | |
| **Evaluation**   * Summarise how you will measure success against your project objectives. * How will you evaluate the project's overall impact? |  | | |
| **Project end**   * Describe what will happen when the project funding ends. |  | | |

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| **4. Project Funding** | | | | | | | |
| List all proposed sources of funding for your project, including an estimated dollar value for any in-kind support. Indicate clearly if funding is confirmed or unconfirmed and attach evidence of other funding. We have provided an example below. | | | | | | | |
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| Amount | Source organisation | | | Type of support  (e.g., grant, in-kind) | | | Status  (confirmed or unconfirmed) |
| Example: $6,000 | ACME TRUST | | | Grant | | | Confirmed |
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| **5. Proposed Spending** | | | | | | | |
| Provide a budget showing how you will spend your project funding, including the Age friendly Fund grant. Your budget should match the activities outlined in your Project Plan. We have provided an example below. | | | | | | | |
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| Item | | | Amount | Funding source(s) and estimated value | | | |
| Example: Information Gathering & and Analysis | | | $6,000 | * $3,000 (Age friendly Fund) * $2,000 (Council grant) * $1,000 (Data Co) | | | |
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| **6. Grant Conditions** | | | | | | | |
| The Office for Seniors will pay the Grant to successful applicants under the following conditions:   1. The Provider must continue to undertake the Services for the Term of this Grant. 2. The Provider must only use the Grant for the Services described in the Letter of Grant. 3. The Provider shall inform the Office for Seniors in writing of any funding it receives from any other source for the Services. 4. The Provider agrees to acknowledge the assistance of the Office for Seniors in any publicity about the services. 5. The Provider agrees to participate in publicity the Office for Seniors may have about the Services and agrees that the Office for Seniors may make information about the grant such as provider name, level of funding, and the nature of the Services available to the public. 6. The Provider shall comply with all relevant provisions of the Privacy Act 2020 in relation to personal information collected whilst working on agreed projects or activities related to the Services, especially provisions relating to collection, use, and storage. 7. The Provider agrees to assist the Office for Seniors to monitor and evaluate the progress in providing the Services including allowing the Office for Seniors to have reasonable access to all records and financial accounts relating to the Services. 8. If the total value of the grant is over $10,000, then the Office for Seniors shall make two payments, subject to parliamentary appropriation, to the Provider and the nominated account. The first payment will be made within 15 working days of the Office for Seniors receiving the signed Letter of Grant. The second payment will be made within 15 working days of approval of the interim progress report. If the total value of the grant is $10,000 or less, the Office shall make one payment, to the Provider and the nominated account within 15 working days of the Office for Seniors receiving the signed Letter of Grant. (These timeframes are subject to receiving an invoice from you quoting the appropriate Ministry of Social Development purchase order.) 9. In the event the Provider cannot complete the Services during the term for any reason whatsoever (excluding the reason in the following clause), the provider will return any unexpended Grant money to the Office for Seniors within five working days. 10. In the event the Provider is contemplating winding up or dissolution, or is being wound up, it will notify the Office for Seniors before any formal decision or Court order is made, or resolution passed to dissolve the Trust. The Provider will refund any unexpended Grant money within 30 working days and in any event before the Provider is placed into liquidation or the Trust is dissolved. 11. The Grant is a one-off contribution towards the project. The Office for Seniors cannot guarantee that there will be any money available for further funding and the Provider should not expect or rely on continued funding. 12. The Office for Seniors reserves the right to terminate the Grant immediately if the provider does not comply with these terms and conditions. 13. The Office for Seniors may terminate the Letter of Grant by giving seven days’ notice if the Provider breaches its obligations under the Letter of Grant. Upon termination the provider is required to return any unspent funds to the Office for Seniors within five working days. 14. The Provider agrees to advise the Office for Seniors in writing immediately of any changes to its contact details, legal structure, or nature of business. 15. The Provider agrees to make available to the Office for Seniors any photography produced for use in other areas, if requested by the Office for Seniors. 16. In the first instance in the event of any dispute arising out of or in connection with the Letter of Grant, the parties will try to resolve the issue themselves. If the parties are unable to settle the dispute it will be referred to arbitration in accordance with the Arbitration Act 1996. 17. No variation to the Letter of Grant shall be effective unless it is in writing and signed by both parties. 18. The Provider shall not transfer or assign any of its rights or obligations under the Letter of Grant without the Office for Seniors’ prior written approval. | | | | | | | |
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| **7. Declaration** | | | | | | | |
| * I am authorised to sign legal documents on behalf of my organisation. * All the information provided in this application, including all attachments, is true and correct. * The organisation is financially viable and able to meet all accountability requirements. * I give permission to the Office for Seniors, if applicable, to contact any persons or organisations in the processing of this application and understand that information may be provided to other agencies, as appropriate. * If a grant is provided, I am aware the Grant Conditions as outlined in section six of this document, will apply to ensure projects are appropriately completed and accountability requirements are met. * If a grant is provided, I agree to ensure that appropriate insurances are in place (e.g., worker’s compensation, volunteers, professional indemnity, public liability, motor vehicle, etc.). * If a grant is provided, I agree to run the project as stated and provide the Office for Seniors with:   + an update report on the project progress as specified in the Letter of Grant,   + a final report within the term specified in the Letter of Grant, and   + a statement of income and expenditure for the project (signed by the authorised signatory). | | | | | | | |
| Signature | |  | | | | | |
| Name | |  | | | Date |  | |
| Job title/position | |  | | | Email |  | |
| Telephone | |  | | | Mobile |  | |

The person signing this application must have authority to enter into contracts on behalf of your organisation, according to your organisation’s constitution or by law. All correspondence will be sent to this person.

# Submitting Your Application

## Checklist

Use the checklist to ensure you have completed all the steps necessary for your application.

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| Complete | Requirement |
| ☐ | Contact the Office for Seniors ([agefriendlyfund@msd.govt.nz](mailto:agefriendlyfund@msd.govt.nz)) to discuss your proposed project and application **before** you submit your application. |
| ☐ | The authorised signatory and project officer have read and understood the Age friendly Fund Guidance document. |
| ☐ | The Project Plan Template is completed. |
| ☐ | All questions in this Age friendly Fund application form are completed. |
| ☐ | The application addresses the evaluation criteria specified in the Age friendly Fund Guidance document. |
| ☐ | The legally authorised officer has read and completed the declaration in section seven. |

## Attachments

Include the following attachments with your application, including any references or studies that support your project.

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| Included | Attachment |
| ☐ | A copy of the signed Age friendly Fund application form. |
| ☐ | A copy of your Project Plan. |
| ☐ | Letter(s) of support from your council and any other organisations participating or contributing to your project. Letters from your council should show linkages with relevant strategies, policies, or commitments. |
| ☐ | Research to support your project (please list): |
| (Add other lines as needed) | ☐ |
| ☐ |
| ☐ |
| ☐ |

## Applications

Please send your application to [agefriendlyfund@msd.govt.nz](mailto:agefriendlyfund@msd.govt.nz) by the closing date of **Tuesday 30 September 2025**.Please provide a list of all the documents that are attached to your application in your cover email. **Late applications will not be accepted.**