**Wilding Pines Community Partnership Projects – Expression of Interest Application Form 2021**

Please refer to the accompanying Guidance document before completing this form.

**SECTION 1: PROJECT SUMMARY**

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| Project Name |  |
| Project summary | *Please provide a concise summary of the project (<100 words)* |
| Total funding requested (excluding GST) | *If the project spans two years, include the total value over both years*$ |
| Project type | *Please tick one box*Continuation of an existing Community Partnership Project funded by the National Wilding Conifer Control Programme [ ] New Community Partnership Project [ ]  |

**SECTION 2: APPLICANT DETAILS**

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| Organisation name |  |
| Legal Entity type (e.g. charitable trust, Ahu Whenua trust) | *If a trust, then the trust deed must accompany this application. If you are not a legal entity, please state this and provide details of the supporting legal entity that will act as fund manager for your project.* |
| Registration number |  |
| Contact details | Contact person:Email:Phone: |
| Postal address |  |
| Website/ Facebook page |  |

**SECTION 3: SITE DETAILS**

**3.1. Where is the site located and how big is it? Is the land privately owned or public conservation land?****Please also send a map of the site with your application.**

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**3.2. What type of ecosystem is being invaded? What species of wilding pines are invading and at what density?**

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**SECTION 4: PROJECT DETAILS**

**4.1. What is the objective for this project? What is the aim for the land post-control?**

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**4.2. What control methods will you use? What is the timeline for this work?**

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**4.3. How much will this project reduce the spread of wilding conifers? To what extent will seed sources remain at the site?**

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**4.4. What is the surrounding land use, and is there risk of reinvasion from nearby seed sources? What is your strategy to prevent reinvasion after this funding ends?**

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**4.5. What degree of community support does this control work have?**

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| e.g. Community groups are aware of/ supportive of/ active in/leading this control work. Name these groups/communities. |

**4.6. What degree of iwi/hapū support does this control project have?**

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| e.g. Iwi/hapū are aware of/ supportive of/ active in/leading this control work. |

**4.7. In carrying out this control work, what ecosystem or biodiversity values will be protected?**

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| e.g. Are there any specific species or threatened ecosystems which will be protected?  |

**4.8. In carrying out this control work, what cultural or social values will be protected?**

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**4.9. How many people will you employ if you receive this funding?**

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**4.10. What is the current status of your project? What would this funding mean for your project?**

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| e.g. Project has already started but will be completed with this funding/ project will start and be completed using this funding/ additional funding will be needed to complete it etc. |

**4.11. Does your Regional Council support this application? Does this project have co-funding or in-kind support from other agencies or sources? If so, from where?**

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**4.12. Will the project be completed within 2 years of this funding being allocated (by June 2023)? If not, how will the project continue?**

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**4.13. What experience do you and/or the project manager have that is relevant to the delivery of this project? Have you delivered similar projects before? If so, please provide brief details.**

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**4.15. Are there any permits, permissions, licenses or consents required to deliver your project? If yes, how and when would you obtain these?**

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| *E.g. resource consents, ETS obligations, chemical management, etc.* |

**SECTION 5: FUNDING**

Please indicate the amount of funding you are requesting from the National Wilding Conifer Control Programme and the amount of co-funding you have secured (if applicable). Please cost as GST exclusive.

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| **Project component (as applicable)** | **Funding requested in this application** | **Funding secured from other sources (if applicable)** |
| Year 1 (July 2021-June 2022) | Year 2 (July 2022-June 2023) | Year 1 (July 2021-June 2022) | Year 2 (July 2022-June 2023) |
| Control work | $ | $ | $ | $ |
| Preventing reinvasion  | $ | $ | $ | $ |
| Project management  | $ | $ | $ | $ |
| Other (please specify) | $ | $ | $ | $ |
| **Total** | $ | $ | $ | $ |

**SECTION 6: MEETING MPI’S REQUIREMENTS**

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| Have you read, understood, and ensured you can meet MPI’s Health and Safety requirements as described in the Funding Application Guidance document? | Yes[ ]  |
| Have you read, understood, and ensured you can meet MPI’s Reporting requirements as described in the Funding Application Guidance document? | Yes[ ]  |
| Have you read, understood, and ensured you can meet MPI’s procurement requirements as described in the Funding Application Guidance document? | Yes[ ]  |
| Have you included a map of your site? | Yes[ ]  |
| [Trusts only] Have you attached your Trust’s deed to this application form? | Yes[ ]  |

**SECTION 7: DECLARATION**

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| As a duly authorised representative of the organisation applying for this funding:* I declare that, to the best of my knowledge, the information contained in all sections of this application form or supplied by us in support of our application is complete, true and accurate
* I declare that I am authorised to make this application on behalf of any co-investors and/or co-funders identified in this application as well as the organisation or entity I represent.
* I declare that none of the organisations that are a part of this application are in receivership or liquidation
* I declare that the application is not being made by an undischarged bankrupt or someone prohibited from managing the business
* I acknowledge that MPI may publicise any successes that result from this application (while respecting commercial confidentiality)
* I acknowledge that MPI may be required to share information under the Official Information Act (OIA) requests.
* I confirm that this application information must remain confidential throughout the assessment process.
* I declare that MPI undertake due diligence including third party checks as may be required to fully assess the application.
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| **Full Name** |  |
| **Title/Position** |  |
| **Signature** |  |
| **Date** |  |

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| **Internal Use Only** |
| Reference Number |  | Eligible criteria met? If not, why. | [ ] Yes |
| Date/Time lodged |  | [ ] No |
| Assessor Name / Date |  |