



Grant Request Form

Office use only

Client number name	
Application number	

The purpose of this fund is to enable you to become more involved in your community. In submitting this grant request you/the requestor agrees that the Department of Internal Affairs may disclose to or obtain from any other government agency, private person, or organisation any information about you/the requestor for the purposes of gaining or providing information related to the funding of the requestor. You may include a letter of support with your request.

Requests to be emailed to: iwdfunding@dia.govt.nz with the requestor's name in the subject line or mailed to: Individuals with Disabilities, PO Box 30454, Lower Hutt, 5040.

1. Requestor's details

Please complete the form on behalf of the individual requesting funding if that individual is unable to do so. All questions are about the individual applying for funding.

Full name	
Phone number	
Email	
Postal address	
Date of birth	
Ethnicity	

Parent/caregiver

Please only complete if the individual is under 18.

Full name	
Phone number	
Email	
Postal address	

2. What's your current situation?

Tell us about your disability; please include what challenges you have faced when trying to get involved in your community.

3. What equipment do you need?

Please select/tick the equipment you need and describe the type required:

Communication equipment or software

(including, but not restricted to, assistance software, smart phones)

Scooter

(There are two categories. A standard scooter is suitable for most users. However, if you plan to use it in a rough/hilly area or if you weigh over 130kg you will need a large scooter. Please state below whether you require a standard or a large scooter)

Vehicle:

Car **Van**

Will the vehicle need to be modified?

Yes **No**

If yes, what modifications do you need?

Other

4. Total amount requested

Total amount requested (excluding GST)

\$

Please provide a breakdown of the cost:

5. Accessibility

Do you live in a rest home?

Yes No

Will you be able to use this equipment without assistance?

Yes No

If no, how often will equipment be available for your use?

6. Community benefit

You are welcome to attach a letter of support for your request from an organisation such as NZ CCS Disability Action, Arthritis Foundation, your therapist, social worker etc.

How are you currently participating in your community?

How will this equipment enable you to contribute more to your community?

7. Your financial information

What is your total household income?

\$

- Includes partner/spouse's income
- If you are under 18 please include your parent's income
- Excludes flatmates
- If you are living in a residential facility only list your personal income.

What are the total cash assets of your household?

\$

- (see 'Notes on cash assets' below)

Do you receive Accident Compensation Corporation (ACC) assistance for your disability?

Yes No

If you (or those in your household) hold more than \$4,500 in cash assets, what contribution are you able to make towards the cost of the equipment?

\$

- (for example, you may be able to trade in your current vehicle)

If no personal contribution is able to be made, please tell us why not?

Notes on cash assets - We may ask you for evidence

Cash assets mean anything that members of the household own that could be easily converted to cash.

Cash assets include:

- money in bank accounts, including fixed and term deposits with any bank, friendly society, credit union, or building society, in New Zealand or overseas;
- shares, stocks, debentures and bonds (including Bonus Bonds and shares in energy organisations);
- money invested with or lent to any bank or other financial institution;
- mortgage investments and long term loans;
- building society shares;
- your share in any partnership;
- bills of exchange or promissory notes;
- the net equity held in any property or land not used as your home; or
- motor vehicle for your own private use.

Cash assets **do not** include:

- the value of your home property and the land on which it is situated;
- personal effects;
- a caravan, boat or other vehicle with a net equity less than \$2,000 or which you use for day to day accommodation;
- Māori land where the title is in tribal trust and individual ownership cannot be identified; or
- funds held in KiwiSaver and other retirement schemes accounts (unless you are able to withdraw them due to being over the age of 65 and you have been a member of a KiwiSaver scheme for at least five years).

Terms and Conditions

By submitting this request, you agree to the following terms and conditions, if a grant is approved by the Lottery Individuals with Disabilities Committee (Committee).

Please note, that accepting these terms and conditions does not guarantee that a grant will be made.

Terms and Conditions

1. I agree that the equipment funded by the grant, will be used to enable me to participate in my community, in the ways that I have stated in my funding request.
2. I agree to keep records that demonstrate how the equipment was purchased, for two years after the end of the agreement term.
3. I agree to participate in a timely manner in any monitoring activities the Secretary for Internal Affairs, acting on behalf of New Zealand Lottery Grants Board, may undertake related to this grant and its outcomes.
4. If a grant has not been uplifted, or arrangements have not been put in place to uplift the grant, within 12 months of the grant decision, then the Committee may reverse their decision to fund the application.
5. The equipment must be purchased using the grant within the time period stipulated by the Committee unless written approval for an extension is obtained, from the Committee within twelve months of the grant being awarded.

Release of information

6. I understand that the Secretary for Internal Affairs, acting on behalf of the New Zealand Lottery Grants Board, is subject to the Official Information Act 1982 and may be required to release information relating to your grant application or grant in accordance with that Act or as otherwise required by law or court order.

Additional conditions for motor vehicles purchased with grants

7. I agree that the vehicle will primarily be used for the transportation of me as the grant requestor.
8. Where the grant requestor is under the age of 18 years at the time this agreement is signed, or the grant requestor is in the care of another person, I/we, the caregiver(s) of the grant recipient:
 - (a) agree that I/we are holding the vehicle purchased with this grant in trust for the grant recipient;
 - (b) acknowledge that the grant recipient is the sole true beneficial owner of the vehicle; and
 - (c) agree to transfer the registered ownership of the vehicle to the grant recipient immediately the grant recipient reaches the age of 18 years.

Failure to comply with the grant terms and conditions

9. Failure to comply with grant terms and conditions may result in no further Lottery grants being approved, or you being required to return the funds or equipment to the New Zealand Lottery Grants Board.

I confirm that the application is true and correct in every detail at the time of submitting the request, and I will notify of any change in circumstance relevant to this application prior to the decision in relation to this application.

First name of requestor	
Last name of requestor	
Signature of requestor	
Date	

OR:

Name and Signature of person applying/signing on behalf of named requestor

Name	
Signature	
Relationship to requestor	
Date	

Verification and Assessment Form of Disability

This part of the form is to be completed by a registered health professional.

Requestor's Full Name

What disability does the individual have?

Will their disability change over time?

Yes No

If **YES**, please provide details:

In your opinion, how far can the individual walk, with or without aids? *(Please tick one)*

- Cannot get out of the house Can only reach the letterbox Up to 50 metres
 Up to 100 metres Up to 200 metres Up to 500 metres
 Over 500 metres Fully mobile

Please circle the number that most closely matches your assessment of the individual's need for mobility assistance:

NOT ESSENTIAL 1 2 3 4 5 6 7 8 9 10 **ESSENTIAL**

How does their disability impact on their ability to participate in their community?

Health Professional Details

Name	
Occupation	
Registration number	
Postal address	
Phone number	
Date	
Signature	