



# Innovation Professional Development (PD) Grant Application Form

**An innovation professional development grant is for a professional development plan or strategy.**

Before you start to fill in this application form please read the *ACE Professional Development Grants – Information Guide* to check if you are eligible to apply and understand the funding criteria. Please read the [Tertiary Education Strategy 2020](#) (see the Ministry of Education's website) so you can align this application with education objectives.

Please contact us to discuss your ideas and for help with filling in the application form. Email us at [grants@aceaotearoa.org.nz](mailto:grants@aceaotearoa.org.nz) or call 04 473 6625.

## SECTION 1 Eligibility

Please answer all the following questions: Check Yes or No

YES	NO	
		Are you a charitable and non-profit organisation or community group?
		Are you an education provider or community group that provides ACE services?
		Do you have a focus on improving learning for ACE learners?
		Do you focus on reducing barriers to education for Māori and Pacific learners, disabled learners and/or those with learning support needs?
		Does your PD plan or strategy meet the definition of <b>professional development</b> ? <i>Learning to increase the level of skill and effectiveness of educators and adult and community learning services</i>
		Are you working together with others through at least one of the following: <ul style="list-style-type: none"> <li>• Two or more providers or community groups working together</li> <li>• Two or more regional offices working together</li> </ul>
		Does your organisation fit within the ACE sector?
		Have a professional development plan or strategy with clear goals and objectives.
		The activity or project must meet the definition of innovative – doing something new or different.
		Have you had two or less Innovation PD Grants approved?
		Will this series of workshops or one-off training be completed within 12 months?

**Note: If you have answered NO to any of the above, you do not meet the criteria to be eligible for a PD grant. Do not continue to complete this application.**

## SECTION 2 General details

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### Organisation name

Name the lead organisation for this application.

### Contact person

Name and position of the person we can contact for this application.

### Email address

### Daytime phone number

### Postal address

### Brief description of your services

You may refer to your vision, mission and strategic goals or provide a summary of what you do.

### A description of your organisation's link to Adult and Community Education (ACE)

Please describe how your organisation links to ACE – for example providing adult learning, lifelong learning services, working with adults in education.

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## SECTION 3 PD plan or strategy

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### 3.1 What do you want funding for?

Tell us in detail about the PD plan or strategy.

### 3.2 How will you or have you identified PD needs?

Explain how you will or have identified the need for this PD plan or strategy.

### 3.3 How will you develop your PD plan or strategy?

Describe your method for creating the plan or strategy – for example wānanga, talanoa, meetings, research, collaboration. Describe how many meetings and with whom.

### 3.4 What are the outcomes you expect to achieve by the completion of this PD plan or strategy?

As a result of completing this plan or strategy what will participants/ organisations be able to do?

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**3.5 When do you plan to start developing your PD plan or strategy?**

**3.6 When do you expect your PD plan or strategy to be complete?**

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**3.7 Who is this PD plan or strategy for?**

Please identify who the PD plan or strategy will be for.

Please list two or more:

- providers or community groups working together

OR

- regional offices working together
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**3.8 Who will be involved?**

Tell us the name of the people involved in the PD plan or strategy with a brief description of their experience and/or qualification.

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**3.9 How will you evaluate your PD plan or strategy?**

Tell us how you will measure how well your PD plan or strategy went. For example, observe participation during the activity, will you ask people at the end, use an evaluation form, video interviews, online survey? How will you use this information to make improvements in your service?

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## SECTION 4 Priority criteria

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**4.1 Which priority does your PD plan or strategy focus on?**

*check*

- Priority 1 – Learners at the centre
  - Priority 2 – Barrier free access
  - Priority 3 – Quality teaching and leadership
  - Priority 4 – Future of learning and work
  - Priority 5 – World class inclusive education
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**4.2 How will your PD plan or strategy improve services for ACE learners?**

## Reducing Barriers

*Please answer all the questions below.* Priority will be given to projects with the widest impact or the ability to target learners who are hardest to reach.

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**4.3** How does your PD plan or strategy intend to reduce barriers for Māori learners?

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**4.4** How does your PD plan or strategy intend to reduce barriers for Pacific learners?

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**4.5** How does your PD plan or strategy intend to reduce barriers for disabled learners?

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**4.6** How does your PD plan or strategy intend to reduce barriers for those with learning support needs?

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## SECTION 5 Budget

**Note:** The maximum amount you can request for an Innovation PD Grant is up to \$50,000.

### 5.1 How much will developing the PD plan or strategy cost?

Use the budget template below as a guide. Keep your costs realistic and reasonable. Your budget should match the description of your PD activity or project details in Section 3.

	<i>DETAILS</i>	<i>AMOUNT</i>
<b>Venue</b> Provide details if applicable, eg. venue name/hourly or daily hire cost/ how many hours/days required		\$
<b>Catering</b> Provide details if applicable, eg. name of caterer, number of people, cost per head		\$
<b>Remuneration</b> Provide detail if applicable, eg. – if you will be paying for a service such as a facilitator for a workshop, or project manager, tell us the name/s and role of facilitator/staff involved in PD activity – or project being paid/hourly or daily rate/total hours or days service to be provided – or details if a gift will be purchased as remuneration for service		\$
<b>Travel</b> Provide details if applicable, eg. by car/total kilometre at 70 cents per kilometre, by plane/quoted airfares with departure and destination cities		\$
<b>Evaluation</b> Provide details as applicable, eg. services required to undertake the evaluation for your PD project		\$
<b>Other costs as required</b> Provide details if applicable, eg. purchase of resources or printing for a workshop		\$
	<b>TOTAL</b>	\$
<b>5.2 Amount requested for an Innovation PD Grant from ACE Aotearoa (GST exclusive):</b>		\$

### 5.3 If the requested grant is not enough to cover all your costs, how will you meet the shortfall?

### 5.4 What will you or your team contribute to the event(s)?

What support you will be providing, eg. staff/volunteer time, administration services, a venue, food or gifts, financial support by other means

## SECTION 6 Referees

### Referee 1

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**Name**

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**Organisation**

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**Relationship**

How do they know you?

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**Contact phone number**

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### Referee 2

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**Name**

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**Organisation**

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**Relationship**

How do they know you?

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**Contact phone number**

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## SECTION 7 Declaration

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**In making this funding application I declare that:**

- I am authorised to do so and to the best of my knowledge the information contained herein is true and correct.
- I agree to assist or provide further information if requested, with any enquiries related to this funding application.
- On behalf of the applicant, we accept that any decision made by ACE Aotearoa is final.

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**Privacy Act:**

- Any personal information about individuals or organisations you provide in this application will be used only to assist with the administration and assessment of your application and in publishing the results of approved grants.
- The information collected will be restricted to ACE Aotearoa, along with other parties that may be consulted or contracted to act on behalf of. You have the right to check and correct any personal information held by ACE Aotearoa.

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**Signature**

**Date**

You will need to sign the application form and send us the original copy. You may use an approved authentic digital signature.

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**Name and position**

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## SECTION 8 Submitting your application

**Before you send us your completed application form:**

- Check that you have answered all the questions.
- Check you have signed the Declaration in Section 7.

**Closing date:** 5.00 pm, 31 March

**By email:**

We accept scanned copies of the original application. Send to [grants@aceaotearoa.org.nz](mailto:grants@aceaotearoa.org.nz) and use the subject line *ACE PD Grant Application*.

**By post:** *must be received by the due date.*

Attention: **ACE Aotearoa**  
**PO Box 12114**  
**Thorndon**  
**Wellington 6144**