



PROFESSIONAL DEVELOPMENT (PD) GRANTS application form

SECTION ONE | eligibility

Please select the type of grant you are applying for:
Check one only.

Small Grant

Innovation Grant

Please answer all the following questions:
Check Yes or No.

Yes No

Are you a charitable and non-profit organisation?

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 have a focus on improving learning for Māori and/or Pasifika learners?

Does your PD activity or project meet the definition of professional development?

Are you working together with others through at least one of the following:

- Two or more providers or community groups working together
- Two or more regional offices working together

Does your project fit within the definition of *Professional Development*?
Learning to increase the level of skill and effectiveness of educators and adult and community learning services

Does your organisation fit within the ACE sector?

If applying for an Innovation Grant you must also answer the following questions:
Check Yes or No.

Do you have a professional plan or strategy with clear goals and objectives?

Does your project fit within the definition of Innovation?
Doing something new or different

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.

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 get in touch with us to discuss your ideas and for any help with filling in the application form. Email us at pdgrants@aceaotearoa.org.nz or call 04 473 6625.

SECTION TWO | general details

Organisation name

Names of all the education providers or community groups involved in the application.

Contact person

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

Email address

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.

Daytime phone number

SECTION THREE

What type of PD activity or project are you applying for?

Check one only.

What do you want funding for?

Tell us in detail about the PD activity or project.

When do you plan to start your PD activity or project?

Who will be involved?

Tell us the names of the people involved in the PD activity or project with a short description of their experience and/or qualification.

How will you evaluate your PD activity or project?

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

PD activity or project details

Workshop or one off training session

Professional Development Plan or Strategy

When do you expect your PD activity or project will be completed?

SECTION FOUR

How will your PD activity or project help improve services for ACE learners?

Does your PD activity or project focus on improving learning for Māori learners?

If yes, describe how it will help.

Does your PD activity or project focus on improving learning for Pasifika learners?

If yes, describe how it will help.

Does your PD activity or project focus on any of the priorities opposite?

You can select more than one answer.

These priorities are from the Tertiary Education Strategy.

priority criteria

Priority 1 – Delivering skills for industry

Priority 2 – Getting at risk young people into a career

Priority 3 – Boosting achievement of Māori and Pasifika

Priority 4 – Improving adult literacy and numeracy

SECTION FIVE | budget

NOTE: The maximum amount you can request for a **Small Grant** is up to \$5,000. The maximum amount you can request for an **Innovation Grant** is up to \$50,000.

How much will your PD activity or project 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.

<p>Venue provide details if applicable, , eg. venue name/hourly or daily hire cost/how many hours/days required</p>		\$
<p>Catering provide details if applicable, eg. name of caterer, number of people, cost per head</p>		\$
<p>Remuneration provide details 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.</p>		\$
<p>Travel provide details if applicable, eg. by car/total kilometres at .70 cents per kilometre, by plane/quoted airfares with departure and destination cities.</p>		\$
<p>Evaluation provide details if applicable, eg. services required to undertake the evaluation for your PD activity or project</p>		\$
<p>Other costs as required provide details if applicable, eg. purchase of resources or printing for a workshop</p>		\$
Total		\$

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

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 SIX referees

Referee one: **Name**

Organisation

Relationship

How do they know you?

**Contact
phone number**

Referee two: **Name**

Organisation

Relationship

How do they know you?

**Contact
phone number**

SECTION SEVEN declaration

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

Privacy Act

Signature

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

Name and position

- 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 any 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.
- 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.

Date

SECTION EIGHT 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

- 5pm, 30th Mahuru (September)

By email – we accept scanned copies of the original application.
Send to pdgrants@aceaotearoa.org.nz and use the subject line
ACE PD Grants Application.

By post – must be received by the due date.

Attention: ACE Aotearoa Professional Development Grants
PO Box 12114
Thorndon
Wellington 6144