Expressions of Interest – 2021 Te Mana o Te Wai Fund

*Ko te mana o te wai he mana taketake.   
Mā wai e kawe, e hiki i te mana o te wai Māori? Mā tātou!*

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| Key points:   * When using this form, please pres*s* the ‘tab’ button to move to the next area to complete. * Sections have character limits indicated against each section. * When you are happy with your expression of interest, email this form as an attachment to [**tmotw@mfe.govt.nz**](mailto:tmotw@mfe.govt.nz) along with any supporting documents. * If you need any help filling in the form or have any questions, please contact us at [**tmotw@mfe.govt.nz**](mailto:tmotw@mfe.govt.nz) or call us on +64 27 247 8536. |

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| SECTION A: Applicant details |

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| 1. Organisation or group name |  | |
| 2. Please indicate which eligible group you are representing | Marae/whānau  Hapū  Iwi  Māori land trusts and incorporations  Individuals or groups representing one or more the above and/or with an interest in a specific catchment area  Collaborations, collectives, or clusters of the above | |
| 3. Legal entity status\*  \*If this EOI is part of a collaboration/cluster of groups, at least one group will need to have legal entity status. | Incorporated society  Charitable trust  Limited partnership  Māori trust board  Limited liability company | Cooperative company  Regional council  Unitary authority  Territorial authority  Other |
| If ‘Other’ please specify: | |
| 4. Physical address |  | |
| 5. NZ Business Number *(or Trust; Charity; Inc. Society registration number)* |  | |
| 6. GST number *(if applicable)* |  | |
| **Primary contact** | | |
| 7. Name of contact person |  | |
| 8. Organisation/group name |  | |
| 9. Phone number |  | |
| 10. Email address |  | |

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| SECTION B: Project details |

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| 11. Project name |  | | | | | | | |
| 12. Project purpose  This should be a brief description of the problem your project is trying to solve, your solution, and the outcome your project will achieve.  Note: you will have the opportunity to expand on this description later in this form (question 16). |  | | | | | | | |
| 13. Region  Select all that apply. | National  Northland  Auckland  Waikato  Bay of Plenty  Gisborne | | Taranaki  Hawke’s Bay  Manawatu–Wanganui  Wellington  Nelson  Tasman | | | | Marlborough  West Coast  Canterbury  Chatham Islands  Otago  Southland | |
| 14. Details of waterbody(s)  (1000 character limit applies)  Please provide the latitude and longitude in decimal format (eg, ‑36.631389, 175.473361). If your project has multiple sites, please choose the most significant or relevant site.  If unable to provide latitude and longitude coordinates please include a map indicating the waterbody. | **Name(s):** | | | | | | | |
|  | River  Lake  Wetland  Groundwater  Other | | | | | | | |
|  | If ‘Other’ please specify: | | | | | | | |
|  | **Latitude** | | | | **Longitude** | | | |
| 15. What issues does this waterbody face?  (1000 character limit applies) |  | | | | | | | |
| 16. How will your project address these issues?  (1000 character limit applies) |  | | | | | | | |
| 17. Is there a current management/restoration plan in place? | Yes  No | | | | | | | |
| 18. List the jobs this project will create  *(500 character limit applies)* |  | | | | | | | |
| 19. How will the project build capacity and/or capability of group members to become more involved in freshwater decision‑making?  *(500 character limit applies)* |  | | | | | | | |
| 20. Outline any perceived or actual conflict of interest issues and the proposed mitigation.  *(500 character limit applies)* | **Issue** | | | | | **How the issue will be mitigated** | | |
| 21. Where applicable, highlight the outputs this project will produce. | **Focus area** | | | **Metric** | | | | **Target** |
|  | Freshwater restoration | | | Number of plants planted in riparian, lake, or wetlands areas | | | |  |
|  |  | | | Area (ha) of riparian, lake, or wetlands planting completed | | | |  |
|  |  | | | Length (km) of new fencing constructed and maintenance of existing fencing | | | |  |
|  | Pest control and fish passage | | | Total area (ha) of animal pest control completed | | | |  |
|  |  | | | Total area (ha) of plant pest control completed | | | |  |
|  |  | | | Number of fish passage barriers remediated (removed or managed) | | | |  |
|  | Other  *Note – add any other freshwater restoration project outputs (200 characters limit per output)* | Other output | |  | | | | |
|  |  | Other output | |  | | | | |
|  |  | Other output | |  | | | | |
| 22. Who/what organisations/ groups do you intend to partner with, or work with?  Provide a list of project partners, and specify their role.  Include whether a partner will be a co‑funder. | **Partner name** | | | **Partner contribution to project** | | | | **Co-funding** |
|  |  | | |  | | | | Yes |
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| 23. How does the project contribute to recovery from COVID-19?  (500 character limit)  Consider things such as, but not limited to, generating new employment, and maintaining existing workforce capacity. Provide information about the local context, if relevant. |  | | | | | | | |
| 24. Nature-based employment outcomes  This will also indicate the total project length, between 1–5 years. | **Total project full time equivalent (breakdown per year of funding)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Year 1 | Year 2 | Year 3 | Year 4 | Existing beyond life of project | |  |  |  |  |  |   Number of people receiving training (including formal NZQA recognised, and other training)    **Number of training/wānanga to be held** | | | | | | | |
| 25. Project funding:  What is the cash cost (exclusive of GST) of your project, including funding you are seeking from Te Mana o Te Wai, external funding and your organisation’s contribution?  In-kind contributions are eligible for inclusion in the total project costs. | **Total project cost**    **Te Mana o Te Wai contribution**    **In-kind contribution**    **Cash contribution**    **Contribution from other public funds (please name the fund(s) and funding confirmation status)**    Note: All contribution types must equal the total project costs. | | | | | | | |
| 26. Project readiness | Ready to go  Project needs further development  Other, please specify: | | | | | | | |

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| SECTION C: Declaration |

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| As a duly authorised representative of the organisation as noted in Section A of this Te Mana o te Wai Fund application form:  This declaration must be completed by a person with the organisation’s signing authority. See the Guide for Expressions of Interest 2021 for further information on how to complete this question. | * I declare that my project meets all of the eligibility criteria for the Te Mana o Te Wai Fund (see Guide for Expressions of Interest). * I declare that, to the best of my knowledge, the information contained in all sections of this expressions of interest form, or supplied by us in support of our application, is complete, true and correct. * I declare that I have the authority to sign this expressions of interest form and to provide this information. * I declare that the application is not being made by an organisation that is in receivership or liquidation, or by an undischarged bankrupt. * I declare that I have provided information about any actual or potential conflicts of interest (in question 20) and I will promptly inform the Ministry for the Environment of any such conflicts if they arise following the submission of this application. * I understand that information presented to the Minister for the Environment and Ministry for the Environment is subject to disclosure under the Official Information Act 1982, other legislation, court orders, and in response to Parliamentary questions. * I understand my rights in accordance with the Privacy Act 2020. * I agree that the Ministry for the Environment can undertake, for the purpose of assessing eligibility and suitability for Te Mana o Te Wai Fund funding, a background check on the applicant(s), including but not limited to credit checks, criminal record checks, and reference checks from other parties, and may liaise with local and national organisations, or external agencies or advisors about this application. * I understand that, if I receive an invitation to proceed to Stage 2 of the funding process, this is not a confirmation of funding and the final decision is subject to a successful completion of Stage 2. | | |
| Name of signatory  By typing your name you are electronically signing this form. | |  |  |
| Date | |  |  |
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