

OSCAR Funding application

Part one

Provider information



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

If you (or your organisation) provide Out of School Care and Recreation (OSCAR) for 5 to 13 year olds before school, after school or as holiday programmes, you may be eligible for OSCAR grant funding from the Ministry of Social Development.

For more information about the OSCAR grant funding criteria, visit www.workandincome.co.nz

What you need to do

To apply for OSCAR funding, there are two forms you must complete.

- *Part one* – Provider information (this form)
- *Part two* – Programme information

You need to complete *Part one* once and *Part two* for each venue you're applying for OSCAR funding for. Note that Part one and Part two must be returned together.

If you're completing them electronically, we recommend you save each application as you complete it, then attach the forms and email them all to us at:

OSCAR_Contracts@msd.govt.nz

You can also post your forms to:

National Contracts - OSCAR
Ministry of Social Development
PO Box 1556
Wellington 6140

What you need to provide

When you apply for OSCAR grant funding, you'll need to provide::

- this *Part one* application
- *Part two* applications for each venue you operate from
- a copy of your MSD approvals letter for each site or venue.

If you've never applied for OSCAR grant funding from Work and Income before, you'll also need to provide proof of your organisation's:

- legal status, for example a copy of your organisation's Incorporation Certificate
- GST number, for example a letter from Inland Revenue
- bank account number and account holder details, such as a pre-printed deposit slip or bank statement.

Type of application

1 Is this the first time your organisation has applied for an OSCAR grant?

No Yes

2 Have you received OSCAR funding from the Ministry of Social Development before?

No Yes

Your organisation's details

INFORMATION FOR Q3:

You can find your provider reference number on your OSCAR Agreement.

HOW TO ANSWER Q5:

For example your trading name

3 What is your provider reference number?

N A T O

We haven't had OSCAR funding before.

4 What is the legal name of your organisation?

5 What is your organisation known as?

6 What is the street address?

Number Street name

Suburb Town/City

7 Is the mailing address different from the street address?

No Yes [↓ Tell us the mailing address](#)

8 What are the contact person's details for this application?

Name	<input type="text"/>
Position	<input type="text"/>
Work phone number	(<input type="text"/>) <input type="text"/>
Mobile phone number	(<input type="text"/>) <input type="text"/>
Email address	<input type="text"/>

9 What email address can we send accounts to?

The same email address as question 8

This email address

10 Is your organisation registered for GST?

No Yes [↓ What is the GST number?](#)

GST number:

HOW TO ANSWER Q11:
You get this number when you register with the Family Services Directory.

11

What is your organisation's Family Services Directory number?

F	S	D	0	0					
---	---	---	---	---	--	--	--	--	--

Bank details

ATTACHMENT FOR Q12:
You must attach proof from the bank of the account number and account holder details.

12

What is your organisation's bank account that payments should be made to?

The account is in the name of:

The account number is:

Bank	Branch	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of organisation

13

What type of legal entity is your organisation?



Please tick the one that applies

- | | | |
|--|---|---|
| <input type="checkbox"/> Private | <input type="checkbox"/> Registered company | <input type="checkbox"/> Incorporated society |
| <input type="checkbox"/> Māori trust board | <input type="checkbox"/> Government agency | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Charitable trust | <input type="checkbox"/> Sole trader | <input type="checkbox"/> Crown entity |
| <input type="checkbox"/> Territorial authority | <input type="checkbox"/> Education institution | |
| <input type="checkbox"/> Other | Please tell us what type of organisation | |

14

What is your New Zealand Business Number (NZBN)?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

15

Every site or venue must have a separate *Part two- Programme Information form*. How many forms are you submitting with this *Part one* application?

Declaration and signature

By completing the OSCAR grant application you acknowledge that:

- your organisation's programmes meet the OSCAR standards for approval, and that you have written confirmation from MSD Approvals that your organisation is approved to provide these services
- your organisation is financially solvent and can verify this if requested
- the daily average actual attendance numbers provided are correct
- you have read and understood the terms and conditions of this application for OSCAR grant funding
- the information provided in *Part one* and *Part two* of this application is true and complete.

Name (print)

Signature

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------