



Building Consent Authority Accreditation Assistance Fund: Application Form for Project Funding

Department ref: _____

Date: _____

SECTION 1: APPLICANT PROFILE

To be completed by the beneficiary of the fund request

Beneficiary name(s): <i>(territorial or regional authority)</i>	
Contact person and designation:	
Phone:	
Email:	
Contractor's name: <i>(external resource provider)</i>	
Contact person and designation:	
Postal address:	
Physical address:	
Phone:	
Fax:	
Email:	
Website:	
Legal status of organisation: <i>(limited liability company, charitable trust etc)</i>	

SECTION 2: PROJECT OUTLINE

To be completed by the beneficiary of the fund request

1. Intention *(please tick appropriate box)*

- We are preparing to apply to become a building consent authority before 30 November 2007
- We have received an application assessment from IANZ and intend to respond to their feedback
- We are preparing to establish an alternative arrangement to accreditation to meet our building consent authority responsibilities *(please describe alternative and identify intended transfer or contract partner):*

SECTION 2: PROJECT OUTLINE CONTINUED

To be completed by the beneficiary of the fund request

2. Project summary *(please outline the main terms of your requested funding)*

Financial value of funding requested:

(please attach any relevant proposal or quotation from the identified resource provider, including any necessary contractual details and a breakdown of costs) (contract limit)

Description of project to be undertaken:

3. What form of needs assessment have you undertaken?

- Case adviser assessment
- IANZ accreditation assessment
- Department informal verification
- Pilot assessment or recent technical review

4. Which aspect of assessment does this project address?

5. Describe the criteria and procurement process for which the external resource provider has been selected (consider capability and capacity). Attach copies of multiple proposals/quotations including your preferred service provider.

6. Please define the expected outcomes and deliverables of the project and outline how the project's results can be measured.

7. Is your territorial or regional authority intending to contribute to the costs of this project?

- No, our authority will not be contributing to the costs of this project
- Yes, our authority intends to contribute to the costs of this project

Comments:

SECTION 2: PROJECT OUTLINE CONTINUED

To be completed by the beneficiary of the fund request

8. Please indicate whether you are willing to share the information, resources or other intellectual property created by this project.

- We are happy to share information from the project with any other party
- We wish to retain the intellectual property from our project and not have results or findings shared

Comments or terms of information disclosure:

SECTION 3: CONTRACTUAL AND PAYMENT DETAILS

To be completed by the beneficiary of the fund request in consideration of the external resource provider

Accounts will be paid directly to the external resource provider outlined in Section 1. Payments will be made on completion of the services outlined and when an approved invoice is provided. The invoice must contain the signed approval of the beneficiary outlined in Section 1. If these terms do not meet the requirements of your project, please outline why and what alternative arrangement you wish to make in the comments section below.

A contract will be entered into between the Department and the external resource provider in line with Department procurement practices. Please ensure any attached proposal for services or quotation, as provided by the external resource provider outlined in Section 1, includes:

- a duly authorised signatory
- detailed pricing
- a detailed scope of work and deliverables.

When funding is required:

- Completion of project
- Other, please specify:

Start date of contract:

End date of contract:

Comments:

Application confirmation

To be completed by the beneficiary

Duly authorised agent of the beneficiary: Name: _____ Date: _____
(territorial or regional authority)

Signature: _____

By completing and submitting this application, the agent certifies and understands the following.

1. All information provided is up to date, true and correct.
2. The project is believed to be eligible for the Building Consent Authority Accreditation Assistance Package.
3. If assistance is given, a contract will be entered into between the external resource provider and the Department.
4. Summary information about the application and any resulting funding decision (including the applicant's name, project title, and a précis of the proposal) may be made publicly available through the Department.
5. By submitting this application, the applicant acknowledges that the assessment of projects will be a subjective and relative process, and that the Department has final decision-making authority in this process.

Please complete this application form and return it to your case adviser. If you have any questions about the application process, please contact your case adviser or Zoe Dryden, Project Manager to BCA Accreditation Assistance Package, 04 494 0290 or zoe.dryden@dbh.govt.nz

SECTION 4

To be completed by the case adviser

9. Project application commentary

Eligibility comments:

Evaluation measurement, weighting and prioritisation comments:

Do you endorse this request?

- Yes
 No
 Subject to terms (*please specify*):

Case adviser's name:

Signature:

SECTION 5

To be completed by the case adviser on completion of the project and in consultation with the beneficiary

10. Project outcome commentary (*please outline the outcomes of funding*)

Has the applicant provided feedback on the outcomes of this funding?

- Yes
 No

Did the project achieve, fail or exceed outcome expectations?

- Achieved
 Failed
 Exceeded

Comments: