

## Instructions for Grantmakers

## Instructions for Grantees

This form is designed to help us understand the challenges, triumphs and insights you experienced and gained while running your funded project/program. Please be frank – while we absolutely want to know about and celebrate your successes, it's just important to us that we understand what did not work so well. This will help us to learn what we and others could do differently next time.

You must complete and submit this form no later than the date stipulated in your funding agreement. If you fail to do so you may not be eligible to apply for further grants from Rangitikei District Council.

The completion of this form should be overseen by someone with an intimate knowledge of the funded project/program.

## Project Report

**\* indicates a required field**

**Name of Applicant \***

Arohanui Hospice Service Trust

**Project Title \***

Keeping connected

**Amounts of funds received from the Community Initiatives Fund \***

1125.07

Must be a number.

**Please provide a short summary of the work that was completed as part of this project / program / initiative \***

This funding was awarded to Arohanui Hospice to support the updating of information brochures namely - Volunteering with hospice; essential information handbook; Palliative Care for you; Extra support - do you qualify? for use by patients (those with a lifelimiting condition) and their families.

Describe the "who, what, where, when and why" of your initiative

## Project dates

**Start Date**

28/03/2022

Must be a date.

**Finish Date \***

28/06/2022

Must be a date.

## Outcomes

**Describe the main findings in your evaluation of the project and how it benefited the community: \***

Information brochures are essential in informing the community of the services offered by Arohanui Hospice as well as accessing them. Health education will empower the local community to understand and make contacts with those essential organisations/services needed in managing their health.

**What worked really well: \***

Information from the clinical Arohanui Hospice Service Trust Family support team was provided effectively to ensure good quality information.

**What didn't work so well/could be improved? \***

n/a

**How many people benefited from your project \***

100-150 people.

**Was this number \***

- ☐ more than you expected
- ☒ what you expected
- ☐ less than you expected

## Targets

Please report on your success at achieving the three targets you identified in your application.

**Target 1: \***

For those people with a lifelimiting condition it offered access to essential health information and contacts whilst still keeping social distancing. Information helped equip patients to be in control of their own healthcare, and supports the safe and effective use of medicines.

**Target 2: \***

Health information was provided to the carers and families of those with a life limiting condition, opening up access and providing essential information.

**Target 3: \***

Keeping connected - health information was provided to those with life limiting condition as well as to the carers and families.

**Did you record any aspect of your project/program through photographs, audio or video?**

- ☐ Yes
- ☒ No

**Community Initiatives Fund Round 2, 2021-2022**  
**Community Initiatives Fund Project Report Form**  
**Application No. 00040 From Arohanui Hospice Service Trust**  
Form Submitted 18 Oct 2022, 4:47pm NZDT

**Did you provide any acknowledgement of the Rangitikei District Council as a funder of your project/program? \***

☐ Yes ☒ No

e.g. in a media release, in a speech, on your website, in a project/annual report

## Financial Report

**\* indicates a required field**

### Project Income & Expenditure

Please provide details of any project income (funds received) and project expenditure (funds spent) to date.

Use the 'Notes' column to provide any additional information you think we should be aware of.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
Rangitikei District Council	Other Income *	Confirmed *	\$978.32	grant from council

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
Health brochure	Project and Production *	\$1,910.00	

### Income and Expenditure Totals

**Total Income Amount**

\$978.32

This number/amount is calculated.

**Total Expenditure Amount**

\$1,910.00

This number/amount is calculated.

**Income - Expenditure**

-\$931.68

This number/amount is calculated.

## Certification and Feedback

**\* indicates a required field**

**Have you experienced any issues with your intended project budget to date? If so, please explain reasons for any major variances or for providing incomplete information:**

No.

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I agree**

☒ Yes ☐ No

**Name of authorised person \***

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Grants & Foundation Administrator  
Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact Phone Number \***

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

19/10/2022  
Must be a date

## Instructions for Grantmakers

## Instructions for Grantees

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You must complete and submit this form no later than the date stipulated in your funding agreement. If you fail to do so you may not be eligible to apply for further grants from Rangitikei District Council.

The completion of this form should be overseen by someone with an intimate knowledge of the funded project/program.

## Project Report

**\* indicates a required field**

**Name of Applicant \***

Parkinson's New Zealand Charitable Trust

**Project Title \***

Information, education and support for people with Parkinson's in Rangitikei

**Amounts of funds received from the Community Initiatives Fund \***

1900

Must be a number.

**Please provide a short summary of the work that was completed as part of this project / program / initiative \***

Our Parkinson's Educator Dianne Ackerman continued to support the 16 (7% of overall caseload) people with Parkinson's throughout the Rangitikei area. Our Educator provided advice and support about individuals conditions, treatment and symptom management as well as future planning. The advice and support of the Educator helped people with Parkinson's better manage their condition and maintain their independence.

Describe the "who, what, where, when and why" of your initiative

## Project dates

**Start Date**

15/08/2022

Must be a date.

**Finish Date \***

15/08/2023

Must be a date.

## **Outcomes**

### **Describe the main findings in your evaluation of the project and how it benefited the community: \***

In 2019/20, Deloitte New Zealand evaluated the impact of our service, using a 'quality-adjusted life years' (QALYs)\* formula, at \$15.9 million. During the same period approximately \$3 million was spent by PNZCT to provide these services. The value of PNZCT social impact is therefore estimated to be more than five times greater than the amount invested.

\*QALYs is a generic burden of disease measure which considers the quality and quantity of life lived. QALYs are commonly used in health economics evaluations as a means of quantifying the health effects of a service or prevention programme, relative to no intervention. Deloitte used internal data collection, our Annual Client Satisfaction Survey (2020) and other sources.

### **What worked really well: \***

Our Parkinson's Educator works with people with Parkinson's to make sure they're receiving the best possible services to help with the management of their condition regardless of location. Parkinson's cannot be cured but it can be treated and managed. This makes access to reliable and appropriate information, education and support vital for people with the condition – and this is where our service makes a big difference.

In the words of our clients who are being looked after by the Whanganui Parkinson's Educator:

"Thank you Parkinson's NZ, you have helped both myself as a carer and my husband to accept what is happening with this since my husband was first diagnosed."

We are a resilient and adaptable community-based organisation, committed to making sure that people living with Parkinson's have ongoing access to education, information and support under any circumstance, wherever they may live in New Zealand.

### **What didn't work so well/could be improved? \***

The COVID-19 pandemic response made us modify elements of our service during alert levels. However, we remained fully operational and have been able to continue supporting our clients through alternative channels, telephone, videoconference, email and text. We have looked at offering alternatives to replace face-to-face activities and have also worked with a variety of agencies to ensure client needs are met. These vary from liaising with exercise providers to deliver online classes to our clients when face-to-face is not available, to Countdown supermarket to organise priority assistance for people with Parkinson's.

### **How many people benefited from your project \***

16

### **Was this number \***

- ☐ more than you expected
- ☒ what you expected
- ☐ less than you expected

## Community Initiatives Fund: Round 1, 2022/23

### Community Initiatives Fund Project Report Form

Application No. CIF 2022/23 003 From The Parkinson's New Zealand Charitable Trust

Form Submitted 24 Mar 2023, 12:42pm NZDT

## Targets

Please report on your success at achieving the three targets you identified in your application.

### Target 1: \*

In our latest annual satisfaction survey, 85% of people with Parkinson's say they are better able to manage their condition as a result of their interaction with their Parkinson's Educator.

### Target 2: \*

The benefit's of our service's include;

Improved medication compliance and fewer negative impacts from side effects;

- Fewer accidents through safer behaviour and home environments for people with Parkinson's;
- Better fitness levels for people with Parkinson's through greater participation in exercise and physical activity;
- Improved awareness and capability among health professionals;
- Enhanced resilience and capability for carers and whānau;
- Better access to health and community services for people with Parkinson's and their whānau;
- Greater support, social and work connections for people with Parkinson's and their whānau; and
- Improved community awareness and knowledge.

### Target 3: \*

We host social events and exercise groups for people with Parkinson's and their whānau.

These are often regular events where people with Parkinson's and their whānau will connect with the same people each week/month and develop strong friendships. Improving connections is a key priority, as one of the key drivers of wellbeing is the feeling of connectedness. Our Parkinson's Educator is able to refer people with Parkinson's to external community exercise groups. This empowers our clients and enhances resilience and capability.

**Did you record any aspect of your project/program through photographs, audio or video?**

- ☐ Yes  
☒ No

**Did you provide any acknowledgement of the Rangitikei District Council as a funder of your project/program? \***

- ☒ Yes ☐ No

e.g. in a media release, in a speech, on your website, in a project/annual report

## Community Initiatives Fund: Round 1, 2022/23

### Community Initiatives Fund Project Report Form

Application No. CIF 2022/23 003 From The Parkinson's New Zealand Charitable Trust

Form Submitted 24 Mar 2023, 12:42pm NZDT

**Please provide details below.**

**Upload files:**

Filename: 13739 Parkinsonian NOV 2022.pdf

File size: 4.8 MB

and/or

**Provide web link:**

<https://www.parkinsons.org.nz/managing-parkinsons/regional-support/parkinsons-whanganui>

Must be a URL

and/or

**Additional details:**

## Financial Report

**\* indicates a required field**

### Project Income & Expenditure

Please provide details of any project income (funds received) and project expenditure (funds spent) to date.

Use the 'Notes' column to provide any additional information you think we should be aware of.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
The Lion Foundation	Philanthropic Grants*	Unconfirmed*	\$15,498.00	Pending Salary of Parkinson's Educator, Dianne Ackerman
Whanganui Community Foundation	Philanthropic Grants	Confirmed	\$4,000.00	
Whanganui District Council	Philanthropic Grants	Confirmed	\$2,000.00	
Thomas George Macarthy Trust	Philanthropic Grants	Confirmed	\$5,000.00	

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
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## Community Initiatives Fund: Round 1, 2022/23

### Community Initiatives Fund Project Report Form

Application No. CIF 2022/23 003 From The Parkinson's New Zealand Charitable Trust

Form Submitted 24 Mar 2023, 12:42pm NZDT

Salary of Parkinson's Educator Dianne Ackerman	Salaries and Wages *	\$54,288.00	

## Income and Expenditure Totals

### Total Income Amount

\$26,498.00

This number/amount is calculated.

### Total Expenditure Amount

\$54,288.00

This number/amount is calculated.

### Income - Expenditure

-\$27,790.00

This number/amount is calculated.

## Certification and Feedback

**\* indicates a required field**

**Have you experienced any issues with your intended project budget to date? If so, please explain reasons for any major variances or for providing incomplete information:**

## Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I agree**

☒ Yes ☐ No

**Name of authorised person \***

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Marketing & Communications Manager  
Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact Phone Number \***

We may contact you to verify that this application is authorised by the applicant organisation

## Community Initiatives Fund: Round 1, 2022/23

### Community Initiatives Fund Project Report Form

Application No. CIF 2022/23 003 From The Parkinson's New Zealand Charitable Trust

Form Submitted 24 Mar 2023, 12:42pm NZDT

**Contact Email \***

Must be an email address.

**Date \***

24/03/2023

Must be a date

## Community Initiatives Fund: Round 1, 2022/23

### Community Initiatives Fund Project Report Form

Application No. CIF 2022/23 006 From The Taihape & District Historical & Museum Society Inc

Form Submitted 9 Mar 2023, 3:07pm NZDT

## Instructions for Grantmakers

## Instructions for Grantees

This form is designed to help us understand the challenges, triumphs and insights you experienced and gained while running your funded project/program. Please be frank – while we absolutely want to know about and celebrate your successes, it's just important to us that we understand what did not work so well. This will help us to learn what we and others could do differently next time.

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## Project Report

**\* indicates a required field**

### **Name of Applicant \***

The Taihape & District Historical & Museum Society Ltd

### **Project Title \***

Taihape Museum Garden Project

### **Amounts of funds received from the Community Initiatives Fund \***

1000

Must be a number.

### **Please provide a short summary of the work that was completed as part of this project / program / initiative \***

The planting sites were cleared and prepared for planting by volunteers, according to the agreed design. At an appropriate time weatherwise, plants were purchased and planted. These planted areas are now being maintained by our volunteers, whilst we are also continuing to improve the site for better displays and seating areas.

Describe the "who, what, where, when and why" of your initiative

## Project dates

### **Start Date**

07/10/2022

Must be a date.

### **Finish Date \***

01/03/2023

Must be a date.

## Community Initiatives Fund: Round 1, 2022/23

### Community Initiatives Fund Project Report Form

Application No. CIF 2022/23 006 From The Taihape & District Historical & Museum Society Inc

Form Submitted 9 Mar 2023, 3:07pm NZDT

## Outcomes

### Describe the main findings in your evaluation of the project and how it benefited the community: \*

The overall plan is to connect the inside with the outside spaces, through the garden and displays. This grant enabled us to seek professional advice, and create a sound base. The planting has added street appeal, and already receiving local thumbs up. We now have a full garden where visitors can walk around and the enhanced entrance shows that the Museum is loved. Dead spaces have been filled with living plants, and altogether has given the Museum volunteers new energy to continue with the vision, as well as improving the landscape for the Taihape community.

### What worked really well: \*

We hired a local landscape gardener and his knowledge allowed for the correct type of plants for the region/climate and in harmony with the existing gardens including complimenting the building's ages

### What didn't work so well/could be improved? \*

We couldn't control the weather or the time frame of planting as everyone was so busy

### How many people benefited from your project \*

3000

### Was this number \*

- ☐ more than you expected
- ☒ what you expected
- ☐ less than you expected

## Targets

Please report on your success at achieving the three targets you identified in your application.

### Target 1: \*

Create a garden in keeping with the historic relevance of the site.

Achieved, providing a sound basis for any expansion of the idea.

### Target 2: \*

Create an outside space which will attract groups of people, locals and out of towners, of all ages and ethnicities, as an extension of the inside space, providing opportunities such as seating, quiet contemplation, group picnics and sheltered standing areas for tour group talks.

This is still work in progress, as we re-arrange outside displays, provide seating etc, but the garden is a major step towards the whole plan.

### Target 3: \*

Create an opportunity for another range of volunteers to be involved with the Museum - those interested in plants, gardening.

The garden is there, now we need more volunteers, like all the local Taihape organisations,

## Community Initiatives Fund: Round 1, 2022/23

### Community Initiatives Fund Project Report Form

Application No. CIF 2022/23 006 From The Taihape & District Historical & Museum Society Inc

Form Submitted 9 Mar 2023, 3:07pm NZDT

but we are working on this and the garden is definitely a drawcard.

#### Did you record any aspect of your project/program through photographs, audio or video?

- ☒ Yes  
☐ No

**We'd love to see some visual and audio representations of your work. Please share below.**

#### Upload files:

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Filename: IMG-2887.jpg  
File size: 2.6 MB

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Filename: IMG-2888.jpg  
File size: 4.1 MB

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Filename: IMG-2890.jpg  
File size: 2.4 MB

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Filename: IMG-2891.jpg  
File size: 2.9 MB

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Filename: IMG-2893.jpg  
File size: 2.4 MB

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Filename: IMG-2896.jpg  
File size: 2.9 MB

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Filename: IMG-2897.jpg  
File size: 2.1 MB

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Filename: IMG-2898.jpg  
File size: 4.0 MB

and/or

#### Provide web link:

Must be a URL

and/or

#### Provide additional details:

These are taken during and just after planting. We will capture more photos as the plants grow and fill the spaces  
Please include captions, if relevant

#### Can we use your media content in our own communications?

☒ Yes ☐ No ☐ Please contact us first  
e.g. in our annual report

## Community Initiatives Fund: Round 1, 2022/23

### Community Initiatives Fund Project Report Form

Application No. CIF 2022/23 006 From The Taihape & District Historical & Museum Society Inc

Form Submitted 9 Mar 2023, 3:07pm NZDT

**Did you provide any acknowledgement of the Rangitikei District Council as a funder of your project/program? \***

☒ Yes ☐ No

e.g. in a media release, in a speech, on your website, in a project/annual report

**Please provide details below.**

**Upload files:**

*No files have been uploaded*

and/or

**Provide web link:**

Must be a URL

and/or

**Additional details:**

We are acknowledging RDC by providing updates in our newsletter, we will erect an outside sign and continue our Facebook postings.

## Financial Report

**\* indicates a required field**

### Project Income & Expenditure

Please provide details of any project income (funds received) and project expenditure (funds spent) to date.

Use the 'Notes' column to provide any additional information you think we should be aware of.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
RDC	Government Grants *	Confirmed *	\$1,000.00	Comm Initiatives

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
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## Community Initiatives Fund: Round 1, 2022/23

### Community Initiatives Fund Project Report Form

Application No. CIF 2022/23 006 From The Taihape & District Historical & Museum Society Inc

Form Submitted 9 Mar 2023, 3:07pm NZDT

Design & Plans	Project and Production *	\$1,169.45	

### Income and Expenditure Totals

#### Total Income Amount

\$1,000.00

This number/amount is calculated.

#### Total Expenditure Amount

\$1,169.45

This number/amount is calculated.

#### Income - Expenditure

-\$169.45

This number/amount is calculated.

### Certification and Feedback

**\* indicates a required field**

**Have you experienced any issues with your intended project budget to date? If so, please explain reasons for any major variances or for providing incomplete information:**

No issues, project came in on budget.

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I agree**

☒ Yes ☐ No

**Name of authorised person \***

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Treasurer

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact Phone Number \***

We may contact you to verify that this application is authorised by the applicant organisation

# Community Initiatives Fund: Round 1, 2022/23

## Community Initiatives Fund Project Report Form

Application No. CIF 2022/23 006 From The Taihape & District Historical & Museum Society Inc

Form Submitted 9 Mar 2023, 3:07pm NZDT

**Contact Email \***

Must be an email address.

**Date \***

09/03/2023

Must be a date