

**TongaHealth Sponsorship Guidelines** **(Fakahinohino ki he Tohi Kole ‘a e Tonga Mo’uilelei)**

# About the sponsorship Program

Sponsorships provide an opportunity for TongaHealth to support activities that improve health and decrease people’s risk of non-communicable diseases (NCDs). The TongaHealth Sponsorship Program is a key strategy for TongaHealth to achieve our vision of ***‘A healthy Tonga where everyone is responsible for promoting health and everyone shares in the benefits of a healthy population’***. The “Hala Fononga ki ha Tonga Mo’ui lelei”− the National Strategy for Prevention and Control of Non-Communicable Diseases 2015-2020−identifies key goals and activities to address NCDs in Tonga. To see the strategy, please click [here](https://docs.wixstatic.com/ugd/5ce0eb_cf16fa42674049329e737e0236e804f3.pdf)[[1]](#footnote-1).

# Priority theme for this sponsorship grant round

## Activities that improve or create opportunities for people to:

* Engage in more physical activity
* Improve healthy eating patterns
* Cut down or quit tobacco use
* Quit or limit alcohol consumption to a safe level
* Pilot innovative ideas for addressing NCDs

## Priority will be given to applications from:

## Outer islands, and

## First time applicants only.

# OBJECTIVES OF THE SPONSORSHIP PROGRAM

1. Increase opportunities for community-based programs that target NCD risk factors among Tongan people.
2. Encourage healthy lifestyles through the effective promotion of health messages relating to the priority theme for this grant round.
3. Reduce the promotion of unhealthy messages or brands that undermine TongaHealth objectives.
4. Facilitate environmental, social, and policy changes within organisations and venues to create healthy environments.
5. Increase opportunities for Tongan people to benefit from programs that target priority areas and risk factors for NCDs.

# ELIGIBILITY CRITERIA

1. WHO IS ELIGIBLE TO APPLY?
2. **Must be a:**
	* + First time applicants, and/or
		+ Outer island applicants
3. **Must be one of the following groups:**
	* Not-for-profit organisations/registered charities
	* Incorporated entities/organisations/companies
	* Recreational or sporting organisations
	* Village Councils/Boards
	* Community groups with more than 8 members from different home
	* Churches
	* Schools
	* Workplaces
	1. Applicants must provide proof of their groups or organisation existence such as certificate of incorporation or constitution, letter of support from Town officer/ Church Minister whichever is applicable and a Bank Account.
	2. Individuals are not eligible for sponsorships.
	3. Applicants for sponsorships must not accept any form of funding from alcohol & tobacco companies, parent companies, or their subsidiaries; either directly or indirectly.
	4. For applications to be considered, applicants must complete all sections of the application form. Review that you have checked all the checklist requirements before submitting your application. Any incomplete application will not be accepted.

# Please note the budget limit for any sponsorship request is $2,000TOP. TYPES OF ACTIVITIES/AREAS THAT TONGAHEALTH WILL FUND:

1. Best new innovative project idea on two or more risk factors for NCDs
2. Sports and arts: festivals, theatre/dance productions, aerobics competitions, exhibitions, etc. where there is a significant opportunity to promote behaviour change and health promoting environments
3. Community events: reoccurring or annual events, such as agricultural shows, cultural events, church, and school events
4. Development or improvement of policies, rules, or strategies that create a more supportive environment for healthy behaviour (for example, creating safe breast-feeding areas or no smoking areas)
5. A local workshop, meeting or forum focussing on NCD-related health promotion or creating more supportive environments for healthy lifestyles
6. Sporting event promotion, marketing or publications, and sports-related equipment/clothing
7. Health promotion-related professional development activities
8. Scaling up of successful programs and interventions to increase participation, expand to new geographic areas, or adapt programs to help target new populations
9. Speakers and PA systems price must be no more than $700 of the total sponsorship budget (maximum of $700 or below).

# WHAT WE WILL NOT FUND

1. Costs associated with running an organisation such as staff salary
2. Fundraising
3. Overseas travel for conferences, workshops, forums etc.
4. Activities that promote a political organisation or perspective
5. Food or beverages that do not comply with the objectives of TongaHealth
6. Any activities that are not related to NCD-related health promotion or creating more supportive environments for healthy lifestyles

# PRIZE POLICY

1. Awards and prizes must be no more than 10% of the total sponsorship maximum budget (max $200).
2. Awards and prizes may not be given in the form of cash. Instead, awards and prizes must be in the form of health-promoting items: sports equipment, gym vouchers, etc. and must approved by TongaHealth first.
3. Awards and prizes must comply with the policies of TongaHealth (i.e., no alcohol, tobacco, or unhealthy products).

# REQUIREMENTS FOR APPLICANTS

1. Demonstrate that the sponsorship will contribute to the goals, outcomes, and strategies outlined in the Halafononga.
2. TongaHealth reserves the right to review and approve any messages that are being delivered through the program receiving TongaHealth funding. This is to ensure that they are aligned with best practice and available evidence. Funding can be withdrawn if messages are not evidence-based, health promoting, rights-based, non-discriminatory, and respectful of human dignity.
3. Ensure that TongaHealth is appropriately acknowledged for its contribution on any promotional materials produced as part of the event/activity.
4. If appropriate, allow TongaHealth to have ‘naming’ or ‘co-naming’ rights for the event (e.g. TongaHealth National Healthy Food Day)
5. Sponsorship recipients must comply with the TongaHealth Child Protection Policy (accessible at [http://www.tongahealth.org](http://www.tongahealth.org/%22%20%5Ct%20%22_blank))
6. Comply with TongaHealth’s health policy requirements:
	1. All indoor and outdoor areas, under the control of the sponsored organisation/event, must be maintained as smoke-free,
	2. Healthy food and drink options must be available if catering is provided,
	3. Clean drinking water must be available at activities or events,
	4. Safe warm-up practices for any activities involving physical activity,
	5. Alcohol is not permitted unless with prior agreement with TongaHealth. No discounted alcohol, ‘happy hours’, or events promoting alcohol brands, are to be part of any event or activity funded by TongaHealth.
7. Must comply with TongaHealth Sponsorship Agreement after both parties signed it.
8. For Application from the Health Promoting Settings (Schools, Churches and Workplaces cooperating with the Health Promotion Unit - Ministry of Health). Must provide a letter of support and endorsement from the following:

**i). Schools**

* + Letter of support from the School Principal and endorsed by the MOH Health Promoting School Coordinators (Mrs Domidilla Batrideu) from the Ministry of Education, if your project involves young people in schools, teachers and parents.

 **ii). Churches**

* + Letter of support from the Youth Leaders and endorsed by the Church Leaders and the MOH Health Promoting Church Coordinator (Haofaki Mo’ui Committee member) from Church Offices if your project involves church group

 **iii). Workplaces**

 Letter of support from the CEO or Managing Director of the organisation and endorsed by the MOH Health Promotion Workplace Coordinator if the project is from a workplace .

***Note: The support letter should come from a higher authority, not the applicant him/herself.***

# CO-SPONSORSHIP

Applicants must inform TongaHealth of any potential or agreed co-sponsors and declare all details of any other co-sponsors or partners-sponsors will comply with the mission and objectives of TongaHealth as above. TongaHealth reserves the right to assess any reputational risk to TongaHealth posed by a potential or existing co-sponsor and reserves the right to withhold or withdraw funding.

# HOW TO SUBMIT AN APPLICATION FOR SPONSORSHIP

Please check that your organization and event match the eligibility criteria in these guidelines. Then complete the form which can be picked up from our office or downloaded from the internet at <https://www.tongahealth.org/forms--applications>. Applications can be dropped off at the TongaHealth office at Vaiola Hospital or emailed to program@tongahealth.org.to.

If you have any questions, please contact TongaHealth at (676) 25721.

# WHEN TO APPLY FOR SPONSORSHIP

Application opens on the **30th September 2021** and closes on the **14th October 2021.** TongaHealth will process the application within one month. Applications for activities that are due to take place in under a month and all incomplete applications will not be considered for funding. **Only successful applicants will be informed.**

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**Foomu Kole Tokoni (Sponsorship Application Form)**

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| 1. **Kautaha/Kulupu ‘oku kole tokoni** (Organization applying for fund)
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| 1. **Fakaikiiki fekau’aki mo e Kautaha & tokotaha kole tokoni** *(Applicant contact details)*
 |
| **Hingoa ‘o e tokotaha kole tokoni mo e tu’unga ‘i he ngaue’anga** (Name and position in the organization) |  |
| **Feitu’u ‘o e Kautaha** (OrganizationAddress) |  |
| **Fika Telefoni** (Telephone) |  |
| ***‘*Īmeili** (Email) or **Facebook**  |  |
| 1. **Kohai ‘e malava kau mai ki he tokoni koeni** (Eligibility criteria)

*Kataki ‘o tiki ‘a e puha ‘oku ne fakamatala’i mai ho’o kautaha.**Please tick which box best describes your organization.*  | ***Kautaha Taautaha ‘Ikai Ke fakatupu Pa’anga/ Kautaha Tokoni kuo Lesisita*** (Not-for-profit organizations/registered charities)***Potungaue Faka-Pule’anga*** (Government departments)***Potungaue FakaLao*** (Statutory bodies)***Kulupu pe Kautaha Fakatahataha Faka-Kolo pe Ngaue’anga pe Faka-Siasi*** (Incorporated entities/organizations/companies) ***Kulupu Fakafo’ituitui pe Fakafeohi pe Fakafiefia/ Kautaha Sipoti*** (Recreational or sporting organizations ***Kosilio Faka-kolo, Poate*** (Village Councils/Boards) |
| 1. **Ngaahi ‘elia fakataumu’a ki ai ho’o polokalama** (Priority areas)

Kataki ‘o tiki ‘a e ‘elia ‘oku felave’i mo fakataumu’a ki ai ho’o polokalama*[Please tick priorities areas to be addressed].* | Mo’ui Longomo’ui (Engage in more physical activity) Kai Mo’uilelei (Improve healthy eating pattern)Ta’ota’ofi ‘o e Ifi Tapaka (Cut down or quit tobacco use)Ta’ota’ofi e ma’u ‘Olokaholo (Cut down or limit alcohol consumption to a safe level)Mo’uilelei ‘a e fa’e fa’ele mo ‘enau longa’i fanau iiki mei hono fa’ele’i ki he ta’u 2 (Tongan mothers & infants [age 2 and under] have a healthier start to life) |
| 1. **Hingoa ‘o e Poloseki/Polokalama**

(Name of Project/Program). |  |
| 1. **‘Aho Fakafuofua ‘e kamata mo ‘osi ai ho’o poloseki** (Expected starting date and end date of your project )

(Kuo pau ke tuku mai ‘a e mahina ‘e taha ke fai ai ‘a e ngaue ki ho’o tohi kole. *You must allow 1 month to process your application*) |  |
| 1. **Puipuitu’a ‘o e Polokalama** (Project background and rationale)
* Koe ha ‘a e palopalema pe ‘uhinga ‘oku fiema’u ai ke fakahoko ‘a e poloseki ni? (Explain the problem or why the project is required in the area?)
 |  |
| 1. **Fakaikiiki ‘o e Polokalama** (Project Outline)
 |
| 1. **Taumu’a** (Goal)

*Fakataumu’a ho’o polokalama ke ofi ki he ngaahi ‘elia ‘oku fakamamafa’i ‘ he TongaHealth ‘a ia ‘oku ha ‘i he fika 4, kae fakatefito pe ‘i ho’o kulupu(Please make sure your goal is related to TongaHealth- Hala Fanonga priorities stated in 4, based on your group)* |  |
| 1. **Taumu’a Ngaue** (Objectives)

*Kataki fakapapau’i ‘e malava he ngaahi taumu’a ngaue koeni ‘o a’usia ‘a e taumu’a, hange ko e liliu ‘i he ‘ilo, ‘ulungaanga, poto’i ngaue, ‘atakai , faingamalie ke ma’u ngofua pe ma’u ma’ama’a, fakahoko lelei e fatongia.**(Please ensure your objectives help achieve your goal↑, such as change in, knowledge, behaviour, skills, environment, accessibility &, affordability, effectiveness, efficiency).* |  |
| 1. **Ola Lelei ke Ma’u mei he Polokalama** (Intended Outcomes)

*Ko ha ngaahi liliu ‘oku malava ke fakahoko hili e ‘osi ‘a e polokalama, ka na’e ‘ikai malava ki mu’a**(Any changes will occur at the end of the project, they do what they could not do before)* |  |
| 1. **Ngaahi Polokalama ‘e fakahoko** (Key Activities)

*Fakapapau’i ‘e hoko e ngaahi polokalama ko eni ‘o a’usia e ngaahi ola lelei ‘i he fika 11* *(Please ensure your activities help achieve your outcomes above at 11).* |  |
| 1. **‘E kau nai e fanau iiki ta’u 17 ki lalo ‘i ho polokalama** (Are you likely to come into contact with children (aged 17 and under) in any of your activities)
 | ‘Io ‘oku te mau ngaue tefito mo e fanau iiki (Yes, we will be working directly with children)‘Io ‘e ‘i ai e fanau he ngaahi polokalama (Yes, children will be present during the program) ‘Ikai ko e polokalama pe eni ki he kakai lalahi (No, this is an adults-only event) |
| 1. **‘Oku ke taumu’a nai ki ha tefito’i kulupu/kakai pe ko e kulupu ‘oku fiema’u vivili hangē ko e kulupu kakai fefine, kakai tangata, to’utupu, fānau mo e kau faingata’a’ia.** (Are you targeting any specific groups, e.g. special needs groups *[Women, men, young adults, youth, children, people with a disability or mental illness]*
 |  |
| 1. **Kautaha kehe ‘oku nau tokoni fakapa’anga ki he polokalama** (Co-sponsors of the event/activity)

 *Kataki lisi mai kinautolu pea moe fakaikiiki ‘o ‘enau tokoni**Please list any other sponsors that are providing funds for this activity/event and what they are funding.* | **Please list below;** |
| 1. **Kuo ‘osi fakapa’anga ‘e he TongaHealth ‘a ho’o mou polokalama ki mu’a? ‘Omai ‘a e ‘aho pea mo ha ki’i fakamatala kataki?**

*(Have you previously received funding from TongaHealth in the past? When and details please?* |  |
| 1. **Patiseti** (Budget)

*Fakatokanga’I ange:** *Ko e patiseti koeni ‘e pau ke tatau moe ngaahi polokalama ‘e fakahoko ‘a ia ‘oku ke fakaha mai ‘i he fika 12*
* *‘Oku ngata pe ‘a e tokoni fakapa’anga ni ‘ihe pa’anga ‘e $2000*
* *Koe patiseti ki he sipika ke $700 pe pe i lalo hifo ai*
* *Kuo pau ke tatali ke tali ho’o tohi kole pea ke toki fakahoko ha ngaahi totongi pe fakamole*
* *Ko e ngaahi fakamole pe ‘e fakahoko hili hono tali ho’o tohi kole fakatatau ki he Patiseti koeni, ‘e fakapa’anga*

*Please note:** *Budget should align with your Key Activities given on section 12*
* *The maximum budget for a sponsorship application is $ 2,000 TOP*
* *Speakers/PA Systems maximum budget is $700TOP or less*
* *Applicant must wait for an approval of the proposal before committing/make any payments to any items*
* *The only activity/item we will commit to pay according to this Budget, are the ones incurred after the approval date.*

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| **Koloa**Activity/Item | **Fakamatala ki hono ngaue’aki ‘o e koloa ko ia ki ho’o polokalama**Description of how item will be used | **Mahu’inga**Unit Cost | **Lahi ‘o e Koloa**Qty | **Totongi Fakakatoa**Total Cost |
| ***Fakatataa:*** For example:*Pulu ‘Akapulu Rugby balls*  | *Ki he ngaahi va’inga ‘akapulu mo e fakamalohisino* *For rugby games and training* | *$50.00* | *2* | *$100.00* |
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| **TOTAL FUNDS REQUESTED (FAKAKATOA)** | **$** |

 |
| 1. **Lipooti** (Reporting)
 | **‘Oku fiema’u ‘i he tokoni fakapa’anga ni ke fakakakato mai ha lipooti mei he hiliange ‘a e polokalama ni pehee ki he ngaahi fakamatala pa’anga kotoa pe ki he ngaahi fakamole.** (It is a requirement for sponsorship recipients to provide a brief report about activities and budget expenses).  |
| 1. **Hokohoko atu ‘o e polokalama** (Sustainability)

*Provide information on how you will continue to sustain your activities and maintain your equipment after funding ends.(‘E angafefe nai ha hokohoko atu e polokalama moho’o mou tauhi e ngaahi koloa me’a’ofa ‘e fakapa’anga ‘e he TongaHealth).* |  |
| 1. **KE FAKAKAKATO ‘E HE TOKOTAHA ‘OKU NE FAKAHŪ MAI ‘A E KOLE (APPLICANT TO COMPLETE)**

**Hingoa ‘o e tokotaha kole (Name of applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Lakanga (Designation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Fakamo’oni Hingoa (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ‘Aho (Date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **21. *C H E C K – L I S T (Lisi ke fakakakato):******Kataki ‘o fakapapau’i ‘oku ke fakakakato ‘a e ngaahi fiema’u ‘oku ha atu ‘i lalo (Please make sure you complete the checklist below):**** Fakamo’oni hingoa ‘a e tokotaha kole ‘I he fika 20. *Ko e tokotaha kole ‘oku ‘ikai ngofua kene toe fakahoko ‘a e tohi poupou. Kuo pau pe ke tohi poupou mai ha taha ‘oku ma’olunga hake ‘I he tokotaha kole.* (Applicant signed on section 20. *The applicant is not allowed to write the support letter. Support letter must be from a higher authority*)
* Fakafonu e Patiseti ‘i he fika 17 pea fakamahino’i mai ‘a e polokalama/koloa ‘oku kole mai ki he tokoni fakapa’anga ‘a e Tonga Health (Fill in the Budget on section 17, and specify which activity/ item you are applying for TongaHealth to fund)
* Ngaahi tohi fakamo’oni ki he patiseti mei he kautaha/falekoloa (Quotation(s) for the budget)
* ‘Oku a’u e tokolahi ‘a e kulupu ki he toko 8 mei he famili kehekehe pe lahi hake ai (Your group must have at least 8 members and from different homes)
* Ki he ngaahi ‘Apiako, Siasi pe Ngaue’anga. ‘Omai ha tohi poupou mei he **tokotaha totonu** ‘aia koia ‘oku fiema’u ‘i he **Palakalafi 8(h)** ‘o e Fakahinohino ki he Tohi Kole (For Schools, Churches and Workplaces). Provide a letter of support and endorsement as outlined in **Section 8 (h)** of the Guidelines on ‘Requirements for Applicants’)

Ki he ngaahi kulupu iiki mei he ngaahi kolo (For small groups in the community):* Tohi poupou mei he Taki ‘o e kulupu ‘o fakaha mai ‘a e hingoa ‘o e kau memipa mo ‘enau fika telefoni moe tatau ‘o e tohi pangike ‘a e kulupu (Support letter from the Group Leader and shows the name of the members and their phone number and copy of their bank account)
* Tohi poupou mei he ‘Ofisa Kolo ‘okapau ko e kulupu ‘i he kolo (Support Letter from the Town officer if it’s a group in the village)
* ‘OKAPAU ‘oku ‘osi lesisita ho kautaha/kulupu, kataki ‘o ‘omai moe la’i tohi fakamo’oni (IF your organization is registered, please provide certificate)

***NOTE: Applications without a complete check-list will be considered INCOMPLETE and will NOT be reviewed. (Ka ‘ikai kakato e ngaahi fiema’u ni ‘e ‘IKAI ke toe fai ha sio mo hono ‘a’ahi ho foomu).*** |

**Fakamafai’i ‘e (Approved by): ‘Ofeina Filimoehala**

**Lakanga (Designation): CEO, Tonga Health**

**Fakamo’oni Hingoa (Signature): ……………………………………………… ‘Aho (Date): …..……………**

**SPONSORSHIP PROJECT REPORT**

**(Lipooti koeni ke fakafonu he taimi ‘oku ‘osi ai e polokalama)**

Name of Project:

Name of Organizations/Group:

1. Did you achieve your intended objectives? *Na’a mou a’usia ‘a ho’omou ngaahi taumu’a?*
	1. If yes, please provide evidence. *Kapau ‘oku ‘Io, kataki ‘o ‘omai ha ngaahi fakamo’oni, ‘o hange ko ha la’i ‘ata pe ko ha lekooti pau ‘o e polokalama na’e fakahoko.*
	2. If no, please explain why not and how you dealt with the problem. *Kapau na’e ‘Ikai, kataki ‘o omai ha ki’i fakamatala pea moe founga na’e fakahoko ke solova ai ‘a e palopalema.*
2. Did you achieve your outcomes towards the completion of this program? *Na’a mou a’usia nai ho’o mou ngaahi ola ‘i he faka’osinga ‘o e Polokalama?*
	1. If yes, please explain how you achieved them. *Kapau ‘oku ‘Io, kataki ‘omai ha ki’i fakamatala pe na’e anga fefe a’usia ‘a e ngaahi ola koia?*
	2. If no, please explain why? And how did you deal with it.*Kapau na’e ‘Ikai, kataki ‘omai ha ki’i fakamatala ki hono ‘uhinga pea mo e founga na’e solova ai. ?*
3. Did you encounter any problem or issue that hindered you from completing your activities? *Na’e ‘i ai nai ha ngaahi palopalema ne mou fepaki mo ia ‘i he fakalele ho’o mou polokalama?*
	1. If yes, what was it? And how did you deal with it? *Kapau ‘oku ‘Io, ko e ha nai ‘a e ngaahi palopalema pea mo e founga na’a ke solova ‘aki.*
4. Do you have any other comments or recommendations?  *‘Oku toe ‘i ai ha’o me’a ‘oku ke fie tanaki mai pe fale’i?*
5. How do you feel about TongaHealth support? *‘Oku fefe nai ho’o ongo’i ki he ngaahi tokoni mo e fengaue’aki mo e Tonga Mo’ui Lelei?*
6. How did you acknowledge TongaHealth support? *Na’e anga fefe ho’omou fakahaa’i ‘a e tokoni ‘a e TongaMo’ui lelei?*
7. What are the lessons learnt from and after your project? *Koe ha ‘a e ngaahi lesoni fo’ou na’a mou ako mei he polokalama na’e fakahoko?*
8. Please attached all evidence of the project including attendance sheet, pictures, receipts etc*… Kataki ‘omai fakataha ‘a e lipooti koeni mo ha ngaahi fakamo’oni ‘o e polokalama na’e fakahoko hange ko e fakamo’oni hingoa ‘o e kau fakataha, ‘imisi, fakamo’oni ‘oe koloa na’e fakatau, moe ngaahi me’a pehee….*
9. Reports prepared by *(Ko e lipooti ni na’e fa’u ‘e);*

Name/Hingoa…………………………………………

Position/Lakanga……………………………………..

Phone Number/Fika Telefoni……………………………

Email/’Imeili (if have/kapau ‘oku ‘iai)…………………………………………

MALO.

1. https://docs.wixstatic.com/ugd/5ce0eb\_cf16fa42674049329e737e0236e804f3.pdf [↑](#footnote-ref-1)