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

|  |  |
| --- | --- |
| 1. **Kautaha/Kulupu ‘oku kole tokoni** *(Organization applying for fund)* |  |
| 1. **Fakaikiiki fekau’aki mo e Kautaha pe tokotaha kole tokoni *(Applicant contact details)*** | |
| ***Hingoa mo e tu’unga ‘i he ngaue’anga (****Name (and position in the organization)* |  |
| ***Feitu’u ‘oku nofo ai (****Address)* |  |
| ***Fika Telefoni*** *(Telephone)* |  |
| ***‘Īmeili*** *(Email)* |  |
| 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. By selecting yes to these questions, you are confirming that you meet eligibility requirements.* | ***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 Fakakolo 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 (if addressed).* | Mo’uilelei ange (Have a healthier start to life)  Mo’ui Longomo’ui (Engage in more physical activity)  Kai Mo’uilelei (Unhealthy 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) |
| 1. **Hingoa ‘o e Polokalama (Name of sponsorship)** |  |
| 1. **‘Aho Fakafuofua ke kamata ai (Expected start date and duration)** |  |
| 1. **Puipuitu’a ‘o e Polokalama (Project background and rationale)** |  |
| 1. **Fakaikiiki ‘o e Polokalama (Project Outline)** | |
| *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*  *(Please make sure your goal is related to the strategies in the Hala Fanonga)* |  |
| *Objectives (‘Uhinga ‘oku fakahoko ai ‘a e Polokalama)*  *Kataki fakapapau’i ‘e malava he ngaahi ‘uhinga ko eni ‘o a’usia ho taumu’a (Please ensure your objectives help achieve your goal)* |  |
| *Ola ke Ma’u mei he Polokalama (Intended Outcomes)*  *(Please ensure your outcomes help achieve your objectives)* |  |
| *Ngaahi Polokalama/ Me’a ‘e fai ‘I he Polokalama (Key Activities)*  *Fakapapau’I ‘e hoko e ngaahi fatongia ko eni ‘o a’usia e ngaahi ola lelei ki he polokalama (Please ensure your activities help achieve your outcomes)* |  |
| 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 ‘o hangē 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)**   *Kapau ‘oku ‘i ai ha kautaha kehe ‘oku nau tokoni fakapa’anga atu pea ke lisi mai kinautolu mo e lahi ‘o ‘enau tokoni*  *Please list any other sponsors that are providing funds for this activity/event.*  *Please list the amount of the contribution or what they are funding.* | **Please list below;** |
| 1. **Patiseti (Budget)**   *Kataki fakatokanga’i ange ‘oku ngata pe ‘a e tokoni fakapa’anga ni ‘ihe pa’anga ‘e $2000*  *Please note that the maximum budget for a sponsorship application is 2,000 TOP.* | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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**  **Quantity** | **Totongi Fakakatoa**  **Total Cost** | | **For example:**  *Fakatataa: Pulu ‘Akapulu*  *Rugby balls* | *For rugby games and training*  *Ki he ngaahi va’inga ‘akapulu mo e fakamalohisino* | *$50.00* | *2* | *$100.00* | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  | *(Press tab to add more rows if necessary)* |  |  |  | | --- | --- | | **TOTAL FUNDS REQUESTED (FAKAKATOA)** |  | |
| 1. **Reporting (Lipooti)** | **‘Oku fiemau’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.** |

***Fakamolemole tanaki mai fakataha ‘a ho’o foomu mo ha tohi poupou mei he taki lotu/kautaha pe kulupu pe ‘ofisa kolo ki ho’o polokalama pea mo ho’o kulupu. Tanaki fakataha mai foki mo ha ngaahi inivoisi ke fakamo’onii’aki. ‘E ‘ikai tali ho’o foomu ka ‘ikai fakakakato mai ‘a e ngaahi me’a ni.***

*Please attach a support letter from the organization or department’s senior executive (CEO/Director) together with invoices with the application. Applications without invoices and support letters will be considered incomplete.*

**KE FAKAKAKATO ‘E HE TOKOTAHA ‘OKU NE FAKAHŪ MAI ‘A E KOLE (APPLICANT TO COMPLETE)**

**Fakamafai’i ‘e (Approved by): ‘Aho (Date):**

**Lakanga (Designation):**

**Fakamo’oni Hingoa (Signature)**

**KE FAKAKAKATO ‘E HE KAUTAHA TONGA MO’UILELEI (TONGA HEALTH TO COMPLETE)**

**Fakamafai’i ‘e (Approved by): ‘Aho (Date):**

**Lakanga (Designation):**

**Fakamo’oni Hingoa (Signature)**

**SPONSORSHIP FOLLOW-UP REPORT**

1. Did you achieve your intended objectives?
   1. If yes, please provide evidence.
   2. If no, please explain why not and how you dealt with the problem.
2. Did you achieve your outcomes towards the completion of this program?
   1. If yes, please explain how you achieved them.
   2. If no, please explain why? And how did you deal with it.
3. Did you encounter any problem or issue that hindered you from completing your activities?
   1. If yes, what was it? And how did you deal with it?
4. Do you have any other comments or recommendations?
5. How do you feel about TongaHealth support?
6. How did you acknowledge TongaHealth support?