

**Funding application**

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| Provider legal name: |  |
| Name of contact person: |  |
| Contact phone number: |  |
| Contact email address: |  |
| How many people are you supporting, or do you plan to support in each of these priority groups? | |
| living alone |  |
| living with family |  |
| living in Contract Board |  |
| living in flat with others |  |
| living in rural or isolated areas |  |
| Provide a brief description of the support your organisation is providing and how it is being delivered | |
|  | |
| We would like to collate and share information and resources that might help other providers. Can we include the information you have provided about the support your organisation is providing and how it is being delivered? Yes/No | |

Please return this application to [participation\_inclusion\_services@workandincome.govt.nz](mailto:participation_inclusion_services@workandincome.govt.nz)

We will be in touch with you shortly