Pacific Provider Development Fund (PPDF)

Application form

2021/22

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# Instructions

Please:

* **provide all information requested** on the application form
* submit **one (1) electronic copy as a Microsoft WORD document only**. Please ensure the file size does not exceed 2 MB, and that any other images or documents are attached in a separate PDF file
* email your electronic copy to: xxxxxxxxxxx@moh.govt.nz

Electronic applications are available on the Ministry’s website, [www.health.govt.nz](http://www.health.govt.nz)

The decision of the Ministry of Health is final.

No further correspondence will be entered into.

Closing date and time for submitting applications
is **xx pm xxx xx xxx xxx**

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# Section 1:Provider details

Please complete **all** parts of Section 1.

## 1.1 Provider and contact details

|  |  |
| --- | --- |
| Legal name of applicant/organisation |       |
| Legal entity status |       |
| Charities Commission registration number |       |
| Trading as (if different from legal name above) |       |
| Ministry of Health Provider number (if applicable) |       |
| DHB region you provide services within |       |

|  |  |
| --- | --- |
| **CEO contact details** | **Key PPDF contact person in your organisation** |
| Name |       | Name |       |
| Position | CEO | Position |       |
| DDI |       | Organisation phone |       |
| Mobile |       | Mobile |       |
| Email |       | Email |       |
| Physical address (including post code) |       | Physical address (including post code) |       |

## 1.2 Eligibility

To be eligible for PPDF, Providers are required to meet the following nationally set criteria:

1. be an existing Pacific health service provider (i.e. a provider that is owned and governed by Pacific peoples and provides service primarily, but not exclusively, for Pacific people)
2. hold a health service contract (with the Ministry of Health, a District Health Board (DHB) or a Primary Health Organisation (PHO)) within the last 18 months[[1]](#footnote-1), and
3. be a legal entity.

### 1.2.1 Please answer one of the following questions

#### Either

|  |  |  |  |
| --- | --- | --- | --- |
| Is your organisation an **existing** Pacific health and disability provider with an **active** Ministry of Health and/or District Health Board and/or Primary Health Organisation contract? (if yes, please tick box)

|  |  |
| --- | --- |
| **Name of the funder** |       |

 | [ ]  |
| Or |  |
| Is your organisation a Pacific health and disability provider who is in the advanced process of **developing** a contract with either the District Health Board, Primary Health Organisation and/or the Ministry of Health for the provision of health services primarily but not exclusively for Pacific? (if yes, please tick box)

|  |  |
| --- | --- |
| **Name of the funder** |       |
| **Contact details for the Funder’s contract manager with whom negotiations are currently taking place** | Name |       |
| Title |       |
| DDI |       |
| Mobile |       |
| Email |       |

 | [ ]  |

### 1.2.2 Please complete the following table

#### Health funding details

All current health contracts information must be provided here. Complete all columns in this table (add rows if necessary).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Contract number** | **Type of service** | **Target population** | **Start date** | **Expiry date** | **Contract value(per annum GST exclusive)** | **Funder(DHB/Ministry/ PHO)** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

## 1.3 Governance and legal entity

Evidence is required of your organisation’s legal and governance status.

### 1.3.1 Please complete the following table

|  |  |  |  |
| --- | --- | --- | --- |
| **Status** | **Evidence** | **Is this attached to your application?**(if yes please tick box) | **Reference (eg, page number and clause of the Constitution, Charities number etc)** |
| Legal status | Certificate | [ ]  |       |
| Registered with the New Zealand Charities Commission (if applicable) | Certificate of registration | [ ]  |       |
| Company (if applicable) | Certificate – New Zealand Companies Office | [ ]  |       |
| Fifty percent (50%) or more of current Board members are Pacific and this is sustained | A formalised process is documented in the Constitution or similar document (eg, Board Minutes) | [ ]  |       |
| The majority of members who appoint the Board are Pacific and this is sustained and/or the majority of owners/directors of the company are Pacific | A formalised process is documented in the Constitution or similar document (eg, Board Minutes) | [ ]  |       |
| Where reasonable, it is intended that on wind-up or closure the organisation’s assets are disbursed to a Pacific community or a Pacific organisation with the same or similar service | Constitution content or board directive (eg, Board Minutes) | [ ]  |       |

## 1.4 About your health workforce

Please provide the number of staff members who are directly **employed** in health service provision (1–13 in table below).

### 1.4.1 Please complete the table below

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Area** | **Total number of staff** | **Pacific** | **Non-Pacific** |
| **Full-time** | **Part-time** | **Full-time** | **Part-time** |
| 1 | Medical practitioners |       |       |       |       |       |
| 2 | Nursing |       |       |       |       |       |
| 3 | Midwifery |       |       |       |       |       |
| 4 | Dental |       |       |       |       |       |
| 5 | Dieticians |       |       |       |       |       |
| 6 | Pharmacy |       |       |       |       |       |
| 7 | Physiotherapy |       |       |       |       |       |
| 8 | Psychologists |       |       |       |       |       |
| 9 | Other clinical – please specify      |       |       |       |       |       |
| 10 | Community health workers |       |       |       |       |       |
| 12 | Health management and administration |       |       |       |       |       |
| 13 | Other non-clinical – please specify      |       |       |       |       |       |
|  | **Total (employed)** |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| What percentage of the organisation’s full-time health worker FTE identify as Pacific? |  |  |
|  |  |

## 1.5 Pacific Provider Development Assessment Tool

To be considered for PPDF funding, applicants must have completed their self-assessment using the Pacific Provider Development Assessment Tool. It is this information that informs the rationale for PPDF applications for funding.

If you have not completed a self-assessment utilising the Pacific Provider Development Assessment Tool, your application will not be considered for funding. To access the self-assessment total, go to [www.ssss.ssss.ss](http://www.ssss.ssss.ss)

Please provide a copy of your self-assessment with the application.

### 1.5.1 Please answer the following questions about your PPDF assessment

|  |
| --- |
| Brief description of the Pacific Provider Development self-assessment outcome(this should inform the underpinning rationale for seeking development funding) |
|       |

# Section 2:Application form

## 2.1 Funding guideline

The ratings for each capacity and capability category and subcategory in the Pacific Provider Development Assessment Tool determines the area/s of focus for development.

Conditions for PPDF funding for 2021/22 include that the funding:

* applies to applications that meet the eligibility criteria, and pass due diligence and risk assessment scrutiny to a reasonable standard
* will be relevant to the value of the applicant’s current health contracts and will not exceed 50% of the total value of those health contracts (health contracts are listed in this application)
* will be for up to three distinguishable development projects per annum, each under a separate and identifiable key capacity area
* will not be considered where the application is a ‘shopping list’ of independent funding requests from each capacity area
* must be for projects based on a rationale for development underpinned by the Pacific Provider Development Assessment Tool[[2]](#footnote-2) scoring
* for specialised contractors must be project-based, and considered essential to the implementation of a development project.[[3]](#footnote-3)

## 2.2 Pacific health provider tiering system

Maximum contract term and level of support from the Ministry will vary depending on the tier of the organisation. This will be in accordance with the score achieved utilising the Tiering Assessment Tool.

Description of tiers and maximum agreement term:

|  |  |  |
| --- | --- | --- |
| **Tier** | **Tier Description** | **Maximum contract term** |
| One | Indication that the organisation is well established and has a high level of capability, however there are areas for improvement. | Up to five years, with annual reviews |
| Two | Indication that the organisation may be well established with a moderate level of capability. Room to improve organisation capability. | Agreement may be up to three years with annual reviews |
| Three | Indication that the organisation may be new or not well-established. Room to improved organisation capability. | Annual agreement |

Note that Pacific health providers tiers will be revisited at the end of their agreement term and movement may occur between tiers.

## 2.3 PPDF Project outline template

PPDF funding focuses on projects that will develop or improve the organisational capacity and capability of Pacific health and disability providers, to enable the enhancement of health service provision and better outcomes for Pacific peoples. The rationale for funding is based on low Pacific Provider Development Assessment Tool scores, with a view of improving low scores for capacity and capability. PPDF funding is limited and relevant to the size of current health service provision contracts only.

#### Instructions

* Use a **separate** **project outline** for each distinctive PPDF Project (add more Project outline sections if required)
* A maximum of three project outlines per annum may be submitted with your application.
* A single project is intended to improve a low scoring in the capacity and capability area, as per Pacific Provider Development Assessment Tool scores, hence this is the **key capacity area** on which to focus the project outline.
* A single project under a key capacity and capability area may also include a focus on improving more than one low scoring capacity and capacity area.
* Complete all sections of the Project outline template (sections 1, 2, 3 and 4)
* If you are applying for funding over multiple years, please add further project details and be clear on what year projects will be delivered.

#### Project outline

|  |
| --- |
| **Section 1** |
| Project title |  |
| Using the Pacific Provider Development Assessment Tool format, state the key capacity area that is the focus of this project | Key capacity area name: |       |
| Key capacity area number: |       |
| Using the Pacific Provider Development Assessment Tool format, list the key capacity element/s that are included in this project. These should align to your budget. |       |
| State any other capacity areas and elements that may be applicable under this project These should align to your budget. |       |
|  |  |
| **Section 2** |
| Briefly describe the reason for this project |       |
|  |  |
| **Section 3** |
| Project outline: briefly describe the project |       |
| List the key resource inputs or components needed to complete the project (eg, short-term contractor, IT hardware etc). These should align to your budget for this project. |       |
|  |  |
| **Section 4** |
| Project budget (add rows if necessary) |
| **Name – Item** (resource/activity/other input) | **What Pacific Provider Development capacity area is it directly related to?**(Pacific Provider Development Assessment Tool format – number/name) | **What Pacific Provider Development capacity element is it directly related to?**(use Pacific Provider Development Assessment Tool format – number/name) | **$ excluding GST** |
| **Example only:**Short term contractor to review organisation key documents and policies and align them with Ola Manuia | 1: Pacific specific capacity indicators | 1.05: Linkages to Ola Manuia | $20,000 |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |  |  |  |

#### Project outline

|  |
| --- |
| **Section 1** |
| Project title |  |
| Using the Pacific Provider Development Assessment Tool format, state the key capacity area that is the focus of this project | Key capacity area name: |       |
| Key capacity area number: |       |
| Using the Pacific Provider Development Assessment Tool format, list the key capacity element/s that are included in this project. These should align to your budget. |       |
| State any other capacity areas and elements that may be applicable under this project These should align to your budget. |       |
|  |  |
| **Section 2** |
| Briefly describe the reason for this project |       |
|  |  |
| **Section 3** |
| Project outline: briefly describe the project |       |
| List the key resource inputs or components needed to complete the project (eg, short-term contractor, IT hardware etc). These should align to your budget for this project. |       |
|  |  |
| **Section 4** |
| Project budget (add rows if necessary) |
| **Name – Item** (resource/activity/other input) | **What Pacific Provider Development capacity area is it directly related to?**(Pacific Provider Development Assessment Tool format – number/name) | **What Pacific Provider Development capacity element is it directly related to?**(use Pacific Provider Development Assessment Tool format – number/name) | **$ excluding GST** |
| Example only:Short term contractor to review organisation key documents and policies and align them with Ola Manuia | 1: Pacific specific capacity indicators | 1.05: Linkages to Ola Manuia | $20,000 |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |  |  |  |

#### Project outline

|  |
| --- |
| **Section 1** |
| Project title |  |
| Using the Pacific Provider Development Assessment Tool format, state the key capacity area that is the focus of this project | Key capacity area name: |       |
| Key capacity area number: |       |
| Using the Pacific Provider Development Assessment Tool format, list the key capacity element/s that are included in this project. These should align to your budget. |       |
| State any other capacity areas and elements that may be applicable under this project These should align to your budget. |       |
|  |  |
| **Section 2** |
| Briefly describe the reason for this project |       |
|  |  |
| **Section 3** |
| Project outline: briefly describe the project |       |
| List the key resource inputs or components needed to complete the project (eg, short-term contractor, IT hardware etc). These should align to your budget for this project. |       |
|  |  |
| **Section 4** |
| Project budget (add rows if necessary) |
| **Name – Item** (resource/activity/other input) | **What Pacific Provider Development capacity area is it directly related to?**(use Pacific Provider Development Assessment Tool format – number/name) | **What Pacific Provider Development capacity element is it directly related to?**(use Pacific Provider Development Assessment Tool format – number/name) | **$ excluding GST** |
| Example only:Short term contractor to review organisation key documents and policies and align them with Ola Manuia | 1: Pacific specific capacity indicators | 1.05: Linkages to Ola Manuia | $20,000 |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |  |  |  |

# Section 3: Total budget

Each project listed in section 2.3 has its own budget stated in the project template.

This table is for the overall PPDF budget, i.e., the total budget for each capacity area in each year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category total** | **Total Year one(GST exclusive)** | **Total Year two(GST exclusive)** | **Total year three(GST exclusive)** | **Total year four(GST exclusive)** |
| Pacific organisational values and philosophy | $      | $      | $      | $      |
| Mission, strategy and planning | $      | $      | $      | $      |
| Service design & evaluation | $      | $      | $      | $      |
| Human resources | $      | $      | $      | $      |
| Information technology | $      | $      | $      | $      |
| Financial management | $      | $      | $      | $      |
| Governance and leadership | $      | $      | $      | $      |
| Communications and external relations | $      | $      | $      | $      |
| **TOTAL** | **$** | **$** | **$** | **$** |

# Section 4: Other

## 4.1 Risk management

What risks have been identified in the purchase and completion of the items/activities you have requested, and how will they be mitigated?

|  |  |  |
| --- | --- | --- |
| **Risk**  | **Impact** | **Mitigation** |
| If…. then…. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## 4.2 Additional information

If the total amount you are applying for is more than $100,000.00 (GST exclusive) per annum, you **must** include a copy of the most recent audited, **financial** statements or accounts reviewed by a chartered accountant. If your organisation was established in the last 12 months, please include a copy of your organisation’s interim financial statements and copies of recent bank statements.

Please add any further information regarding your organisation that may be of relevance to this application (please attach additional pages if required).

## 4.3 Checklist

|  |  |
| --- | --- |
| [ ]  | Have you read the **PPDF 2021/22 – Application guidelines**? |
| [ ]  | Have you completed all sections in the application form? |
| [ ]  | Have you attached the documents that evidence legal status, such as Charities registration certificate, Company certificate, Constitution? These documents must be attached to all new PPDF applications even if you applied in previous years. |
| [ ]  | Have you attached a copy of your completed PPDF self-assessment tool? |
| [ ]  | Have you attached quotes/estimates, as applicable, to support your application? |
| [ ]  | If the total amount you are applying for is more than $100,000.00 (GST exclusive) per annum have you attached a copy of your most recent audited financial statements or accounts reviewed by a chartered accountant? |
| [ ]  | Is the provider endorsement signed? |

## 4.4 Provider endorsement

Funding conditions

I certify that the application is true and correct and that no conflict of interest exists at the time of this application being submitted.

In signing this form, the applicant declares that:

* no other funding is received for the project outlined in the application other than that recorded
* my organisation is not under investigation by any statutory body (Accident Compensation Corporation, NZ Police, Audit NZ, Health and Disability Commissioner, or Ministry of Health).

The applicant acknowledges and understands the following.

(i) The Ministry of Health may release summary information about the successful applicant(s).

(ii) If the application is successful, the Ministry of Health may share the information in your contract, including contract details and the contract value, within the Ministry of Health and with other relevant government bodies.

(iii) Information held by the Ministry of Health is subject to request(s) under the Official Information Act 1982. The Ministry of Health also has other obligations in relation to information, such as reporting to Parliament and a duty to consult other interested parties at any time during the process.

(iv) The Ministry of Health retains the right to publish, promote and make publicly available information about funded initiatives.

(v) Successful applicants must agree to participate in any evaluation of PPDF that the Ministry of Health or its agents may wish to undertake.

In addition, the applicant acknowledges and understands that funding under the Ministry of Health’s Pacific Provider Development Fund is contingent on the completion of reporting for the previous year’s contract.

The Ministry of Health reserves the discretionary right to:

(i) withhold any contract payment, if reporting requirements are not met

(ii) decline new funding applications from providers who have outstanding reporting requirements.

#### Important – must be completed

By typing your name here you are ‘electronically signing’ this form.

|  |  |
| --- | --- |
| **Signature** |       |
| **Title** |       |
| **Date** |       |

# Appendix 1: Table of capacity / capability areas

This table lists the eight key capacity areas, and the breakdown of each area into elements.

The PPDF funding categories map directly to the capacity areas and elements of the Pacific Provider Development Assessment Tool.

| **Pacific provider capacity area tool** |
| --- |
| **Capacity areas** | **Capacity elements** |
| 1. Pacific organisational values and philosophy | 1.01 Pacific organisational values and philosophy1.02 Pacific community1.03 Pacific models of care1.04 Pacific Health Workforce1.05 Linkages to Ola Manuia |
| 2. Mission, strategy and planning | 2.01 Mission2.02 Overall strategy2.03 Planning systems2.04 Goals / performance targets2.05 Use and development of organisational processes2.06 Decision-making framework2.07 Monitoring of landscape2.08 Knowledge management |
| 3. Service design & evaluation | 3.01 Performance measurement3.02 Performance analysis and service adjustments3.03 Service relevance and integration3.04 Service growth and replication3.05 Quality of Health services3.06 New service development |
| 4. Human resources | 4.01 Recruitment, development and retention of general staff4.02 Performance as shared value4.03 Individual job design4.04 Staffing levels4.05 Staff |
| 5. Information technology | 5.01 Communications technology5.02 information technology5.03 Databases and management reporting systems |
| 6. Financial management | 6.01 Financial position6.02 Accounting system and procedures6.03 Financial planning and analysis6.04 Internal controls |
| 7. Governance and leadership | 7.01 Core financial and legal responsibilities of the governance body7.02 Governance body strategic direction7.03 Governance body composition and commitment7.04 Governance body development and self-evaluation7.05 Governance body infrastructure |
| 8. Communications and external relations | 8.01 Communications and outreach effectiveness8.02 Digital communication strategy and outreach effectiveness8.03 Communications strategy8.04 Public relations and promotional8.05 Presence and involvement in local community8.06 Pacific networks and relations8.07 DHB relationship8.08 Influence on policy making |

1. Note that Pacific health providers which only received COVID and/or Community innovation fund contracts do not qualify for PPDF (i.e. Providers which only hold one or both contracts and no other health contracts are not eligible for PPDF). [↑](#footnote-ref-1)
2. Refer to Appendix 1: Table listing the eight capacity areas and their elements. [↑](#footnote-ref-2)
3. Contractors funded through PPDF are expected to work in partnership with a staff-member/members to build their capability in the area being contracted. [↑](#footnote-ref-3)