

## **NZOHA Community Volunteer Fund**

### **Background**

- The fund is to support oral health practitioners who are involved in national and international community volunteering projects.
- There are two rounds annually. The total maximum amount for the fund is up to \$2,500.00 for each round.
- Application deadline:
  - o First round: 1 April 2024, 16:00 NZST
  - Second round: 1 November 2024, 16:00 NZST
- Each application will be discussed by the executive committee, and the fund up to \$2,500.00 will be allocated based on the assessment outcome. The full amount of the proposed budget may not be granted.
- The outcome will be communicated individually at the end of the application month.

#### **Eligibility Criteria**

- The primary applicant must be a full member of the association who held the membership for the past two consecutive years.
- The primary applicant must be the project lead.
- The project should address oral health inequity and the needs of the community.
- The primary candidate should not have received this funding in the same calendar year.

#### **Terms and Conditions**

- Any actual, potential, and perceived conflict of interest must be disclosed.
- A successful candidate can only receive one funding for each year.
- A successful candidate should submit the progress report by 1 October for the first grant round or
   1 May of the following year for the second grant round. This will be used by the association to
   communicate with the members. You are required to check the Grant Report Form for more
   information
- A successful candidate should acknowledge the association in any meaningful way.
- A successful candidate should be prepared to present their experience via webinar to NZOHA members.

#### **Criteria for Evaluation**

- Relevance of the project to the community
- Impact of the project on the community to reduce oral health inequity
- Feasibility of the budget

For more information or to submit the application, email Chris Heuiwon Han (advisorydirector@nzoha.org.nz)

# **NZOHA Community Volunteer Fund Application Form**

Contact Informa	tion				
First name:			Last name:		
Address:					
Phone:			NZOHA mem	bership no.:	
Community Volu	ınteer	Project Detail			7
Title Affiliation of the					_
primary applicant					
Budget amount requested (in NZ					
b. Pu c. De d. Cu e. Re 2. Budget pro 3. Other fund	ief back irpose o etailed p irrent pr eference oposal i ding rec	eground of the project project plan rogress es for the grant application ceived for the project (if	any)		
	_	with the terms and cond nd complete. I also confi			
Applicant signatu	re:				
Χ					

Date: \_\_\_\_\_