



NZOHA Community Volunteer Grant

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 each round is \$5,000.00 (combined for both grants).
- Each application will be discussed by the executive committee, and the fund 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 by email.

Eligibility Criteria

- The primary applicant must be a full member of the association who has 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 applicant should not have received this funding in the past two years.

NB: Te Ohu Pūhino Ora o Aotearoa - NZ Oral Health Association is an organisation that supports oral health equity in Aotearoa New Zealand. Projects aiming to address oral health equity in Aotearoa New Zealand, will be prioritised.

Terms and Conditions

- Any actual, potential, and perceived conflict of interest must be disclosed.
- A successful candidate should submit a progress report:
 - o Round one: 1 October of the same year
 - o Round two: 1 May of the following year
- You may be asked to provide an additional progress report if the grant is not fully spent at the time the report is submitted.
- Progress reports may be used for communication purposes, including social media posts and the association newsletter. Please refer to the Grant Report Form for more information.
- A successful candidate must acknowledge the association in any meaningful way.
- A successful candidate should be prepared to share their project outcomes with NZOHA members through various channels, including a webinar.

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 your application, email Chris Heuiwon Han (engagement@nzoha.org.nz)











NZOHA Community Volunteer Grant Application Form					
1. Contact Information					
First name:			Last name:		
Address:					
Phone:			NZOHA mem	bership	
2. Commu	ınity Voluntee	r Project Detai	•		
Title					
Affiliation of to					
Budget amou requested (in					
1. Project a. E b. F c. E d. C 2. Budget 3. Other fu	nd agree with	ding: nd project t plan ss e grant applica d for the projec	t (if any) I conditions. I d		the information
provided in thi report before t			urate. I also cor	nfirm that I	will submit my gran
Applicant sign	ature:				
X					
Date:					





