

**Community Wellbeing and Drought Support Grants Round 2**

**Application Form**

**Name of proposed activity/project:**

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**Organisation** –Provide the following information to identify the legal entity submitting the application.

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| Legal name of organisation:  |
| Trading name of applicant (if applicable):  |
| ABN: *(Mandatory)* | ACN:  |
| Registered business address:  |
| Suburb:  | State/Territory:  | Postcode:  |
| Postal address:  |
| Suburb:  | State/Territory:  | Postcode:  |
| Are you registered for GST? Yes [ ]  No [ ]  Do you have an ABN: Yes [ ]  No [ ]   |
| Legal entity type; Individual [ ]  Partnership [ ]  Incorporated Association [ ]  Company [ ]  Incorporated Association [ ]  Other [ ]  *Please Specify* |
| Briefly describe your organisation (no more than one paragraph) |

**Contact Details** – Person authorised to represent the organisation for this application.

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| Position / role:  |
| Title:  | First name:  | Surname:  |
| Phone (daytime):  | Phone (after hours):  |
| Email address:  |

**Is your application part of a Joint Venture or Consortia?**

No [ ]  Yes [ ]

If yes, please list all partnering organisations and their role in this project.

|  |  |
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| List of collaborating organisations | Role or responsibility in this project |
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|  |  |
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**Is your application a duplicate of an existing service?** (Duplicate services are not eligible)

No [ ]  Yes [ ]

**Type of Initiative –** Please select the type of initiative you’re seeking funding for.

[ ]  Community Health and Wellbeing Initiative

[ ]  Community Education Sessions to Develop Sustainability in Natural Disasters

[ ]  Initiative that Builds the Capacity of the Workforce

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| **Please list the town(s) where you intend to undertake the planned activity**. *(Please Note: Grant funding is only to communities within the WNSW PHN region that are currently drought affected areas as per Department of Primary Industry Combined Drought Indicator found here* [*https://edis.dpi.nsw.gov.au/*](https://edis.dpi.nsw.gov.au/)*) Evaluation of applications will be weighted and will receive extra points against their application at the time of evaluation (as per the DPI Combined Drought Indicator* [*https://edis.dpi.nsw.gov.au/*](https://edis.dpi.nsw.gov.au/)*) Intense Drought – 30, Drought – 15 points & Drought affected - 0* |

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| **What is the funding amount you are applying for to undertake the proposed activity *(****Minimum $5,000 - Maximum $50,000)?* |
| *Enter amount here:*  |

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| **Criterion 1:** Please provide information about the proposed activity and how it will help to improve mental health and resilience in our region.(Weighting 70%) |
| *Enter details here:* |

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| **Criterion 2:** Please outline of the organisation’s capability to deliver the project, including any relevant past experience.(Weighting 30%) |
| *Enter details here:* |

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| **Local Procurement Benefits Weighting:** Please provide evidence that your project is supporting local service provision. Include details of how the service will be staffed (i.e. paid workforce, volunteers, etc.).(Local Weighting Score 10% of Criterion Score)* Local workforce in the delivery of the activity
* Local Aboriginal jobs supported by the activity
* Local trainees supported by the activity
* Supporting local businesses by the activity
 |
| *Enter details here:* |

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| **Mandatory and other Supporting Information** |
| Please provide 2 letters of support from local organisations where the activity is to be run. |

**Program Budget**

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| **Please provide a breakdown of how you intend to utilise the funds.** Please note funds cannot be used the purchase large value assets over $3000 such as buildings or vehicles. Please use the following headings in developing your budget. *(Funds must be expended by 30 June 2019)*  |
|  |
| Administration of Activity | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| Delivery of Activity | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| Resources to Deliver Activity (max $3000 per item) | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| Other | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total amount requested** | **$** |

**Declaration**

**This section must be completed by an authorised representative of the organisation submitting the application.**

**I declare that:**

1. I confirm the contents of this application are to the best of my knowledge accurate, complete and do not contain any false, misleading or deceptive misrepresentation, claims or statements.
2. I have read, understood and agree to the Grant Agreement, should this application be successful.
3. I declare that the organisation is financially viable and able to manage the funding within the timeframe and within budget.
4. I understand that the Evaluation decision is final, and no correspondence will be entered into.
5. I understand and accept that information provided in this application will be stored by WNSW PHN in various formats, including hard copy and/or electronic
6. I confirm that this application does not duplicate existing funding, service delivery or ongoing operational costs;
7. I agree to contact the WNSW PHN should I become aware of any changes to information contained in this application.
8. I understand that this application does not create a legal or binding commitment.
9. If the application is successful, I acknowledge that:
* The organisation will be asked to sign a Contract / Agreement with the WNSW PHN.
* The organisation will be asked to sign a statement stating they have used the funds in accordance with their application.
* The organisation will provide reports to the WNSW PHN in accordance with the Contract / Agreement.
* Organisation agrees to maintain adequate insurance for the duration of the Contract / Agreement and provide WNSW PHN with proof when requested.
1. I understand if the conditions of the funding are not complied with:
* The WNSW PHN will recover the funds allocated and
* The WNSW PHN may terminate the contract with the Applicant.

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| Signature:  |  |
| Name:  |  |
| Position of Authorised Representative:  |  |
| On behalf of (Organisation):  |  |
| Date:  |  |

**Submitting Your Application**

Please sign and submit your completed application in **PDF format** directly to grants@wnswphn.org.au .

The closing date for applications is 5:00PM June 10, 2019.

For any further information please contact:

Beth Mills

Project Officer - Community Wellbeing

02 5317 1269

droughtsupport@wnswphn.org.au