

**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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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.

|  |  |
| --- | --- |
| List of collaborating organisations | Role or responsibility in this project |
|  |  |
|  |  |
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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.

|  |  |
| --- | --- |
| 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](mailto: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](mailto:droughtsupport@wnswphn.org.au)