

Application Form

Community Wellbeing Grants – Communities Recovering from Western NSW Flood Disaster Relief

APPLICATION DETAILS	
Organisation or Community Group name:	
Address:	
ABN:	
Auspice details if applicable:	
Auspice Address:	
ABN of Auspice organisation:	

APPLICATION CONTACT DETAILS	
In this section you are asked to provide contact details of your organisation's authorising officer and/or key contact person for this application. The authorised contact person is the person who is authorised to sign a funding agreement on behalf of your organisation/community group, should your application be successful.	
Authorised person's name:	
Position title:	
<i>The application contact should be the person we will contact for any issues related to the application and project activity:</i>	
Application contact person:	
Position title:	
Email:	
Phone number:	

OTHER REQUIRED INFORMATION

Provide a summary demonstrating your alignment with Community Wellbeing Grants – Communities Recovering from Flood Disaster overarching objective and principles, please consider the eligibility criteria, as per the guidance document: (e.g. Applicant must demonstrate their motivation, enthusiasm, community drive, understanding of the needs of affected communities within the WNSWPHN region etc.)

What is the exact amount of funding you are applying for? (GST exclusive)	\$	
Please tell us which community/communities your application covers:	Town/Suburb	Postcode
Do you have any partner organisations for this activity?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
ACTIVITY DETAILS		
Anticipated activity Start date:		
Anticipated activity End date:		

Please provide information about the proposed activity and how it will help to improve mental health and resilience in our region.

Word limit 250. Note: Your application will not be considered if you exceed the word limit.

Answer:

Please outline how you will deliver the activity including within government guidelines.
Word limit 250. Note: Your application will not be considered if you exceed the word limit.

Answer:

Local Procurement: 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 Service Provision includes:

- 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

Word limit 250. Note: Your application will not be considered if you exceed the word limit.

Answer:

Activity Budget

Please provide a breakdown of how you intend to utilise the funds. Please note funds can be used to purchase assets over \$1,000 per item and a maximum of \$3000 total assets per application. Please use the following headings in developing your budget.

Note: Funds must be expended by 30th June 2024

Administration of Activity (Max of 10% Inc Auspice cost)	\$
	\$
	\$
	\$
Delivery of Activity	\$
	\$
	\$
	\$
Resources to Deliver Activity (max \$1000 per item)	\$
	\$
	\$
	\$
Other	\$
	\$
	\$
	\$
Total amount requested (GST exclusive)	\$

Application Checklist

Application Checklist	Yes/No
Have you included evidence as per Heading 3.in the Guidance Document that your organisation is eligible for this grant?	
Have you included your letter of support from a community group in the location where it is being run (one for each location if multiple locations)?	
Have you responded to the three criteria questions within the word limits?	
Does your budget meet the criteria?	
Have you signed the Declaration on page 8, and saved your application and any attachments as a PDF?	

Submitting Your Application

Please sign the declaration on the next page and submit your completed application and supporting documents in **PDF format** directly to grants@wnswphn.org.au or post to PO Box 890, Dubbo NSW 2830

Applications will remain open to 31 December 2023 or until funds are exhausted, or the WNSW PHN closes off applications via the WNSW PHN website.

As Grants Applications are received, an Evaluation Panel will assess the responses based on evidence provided within the document.

For any further information please contact:

Sarah Carrigan
Contracts and Procurement Business Partner
Phone: 02 6813 0938
Email: grants@wnswphn.org.au



Western Health Alliance Limited trading as Western NSW PHN

First Floor, 187 Brisbane Street | PO Box 890 | DUBBO NSW 2830

T: 1300 699 167 | F: 1300 699 168 | W: www.wnswphn.org.au | ABN 59 605 922 156

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; and
 - Organisation agrees to maintain adequate insurance for the duration of this Contract / Agreement and provide WNSW PHN with proof when requested.
10. 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: