**Community Wellbeing Supporting Aboriginal Communities in Drought Affected Areas within WNSWPHN - Application Form Round 3**

|  |  |
| --- | --- |
| **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: |  |
| *The application contact should be the person we will contact for any issues related to the application and project activity:* | |
| Application contact person: |  |
| Position title: |  |
| Email: |  |
| Phone number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHER REQUIRED INFORMATION**  Provide a summary demonstrating your alignment with Community Wellbeing Supporting Aboriginal Communities in Drought Affected Areas 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 Aboriginal 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: | |  | |
| Do you have any partner organisations for this activity? | | Yes | |
| ☐ No | |
| **ACTIVITY DETAILS** | | |
| Anticipated activity start date: |  | |
| Activity end date: | As negotiated with WNSW PHN | |

|  |
| --- |
| **Please describe how your activity meets the program overview;**   1. Help delivery of Aboriginal community led and focused wellbeing initiatives to improve mental health and community resilience in response to the drought. 2. Demonstrate a positive impact and connection to country, cultural and or wellbeing perspectives and others that help to ease the pressure and stress of drought |
| *Answer:* |

|  |
| --- |
| **How does your activity support your community, drought affected workforce and local businesses?** |
| *Answer:* |

**Activity Budget**

|  |  |
| --- | --- |
| **Please provide a breakdown of how you intend to utilise the funds.** Please note funds cannot be used the purchase assets over $1000. Please use the following headings in developing your budget. *(Funds must be expended by 30th June 2020)* | |
|  | |
| Administration of Activity (Max of 10% Inc Auspice cost) | $ |
|  | $ |
|  | $ |
|  | $ |
| Delivery of Activity | $ |
|  | $ |
|  | $ |
|  | $ |
| Resources to Deliver Activity (max $1000 per item) | $ |
|  | $ |
|  | $ |
|  | $ |
| Other | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total amount requested** | **$** |

**Application Checklist;**

|  |  |
| --- | --- |
| **Application Checklist** | **Yes/No** |
| Have you included evidence as per point 6 that your eligible for this grant? |  |
| If not a Aboriginal Community Controlled organisation or Aboriginal Community Group have you included a letter of community endorsement from an Aboriginal Community Groups or Aboriginal Community Controlled Organisations e.g. AMS, ACCO, ALS, etc where the activity is to be held? |  |
| Does your budget meet the criteria? |  |

**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 this 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: |  |

Please print and sign this document after completing, and email with supporting documentation to [grants@wnswphn.org.au](mailto:grants@wnswphn.org.au) or post to: PO Box 890, Dubbo NSW 2830