Community Wellbeing and Drought Support Grants Application Form

Name of proposed activity/project:

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

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? No ☐ Yes ☐		
Type of Incorporated Organisation:		

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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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

Please provide information about the proposed activity and how it will help to improve mental health and resilience in our region. Please include: - An outline of the organisation's capability to deliver the project, including any relevant past experience; - Details of how the service will be staffed (i.e. paid workforce, volunteers, etc.).

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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/)*

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

Program Budget

Please provide a breakdown of how you intend to utilise the funds. For applications over $10,000, any quotes that relate to the delivery of your service will need to be included with your application. Please note funds cannot be used to 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	**$**

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Additional Information - If you wish to provide any additional information about your proposed activity, that hasn't been addressed in the previous questions, you may include it here.

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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.
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: _____

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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 1 February 2019.

For any further information please contact:

Beth Mills
Project Officer - Community Wellbeing
02 5317 1269
droughtsupport@wnswphn.org.au