**Application Form**

**Community Wellbeing Grants to Support Aboriginal People in Communities Impacted by the COVID-19 Pandemic**

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

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| **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: |  |

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| **OTHER REQUIRED INFORMATION**  Provide a summary demonstrating your alignment with the Community Wellbeing Grants to Support Aboriginal People in Communities Impacted by the COVID-19 Pandemic 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  Names of partner organistion: | |
| ☐ No | |
| **ACTIVITY DETAILS** | | |
| Anticipated activity start date: |  | |
| Activity end date: (must end by 31 December 2021) |  | |

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| **Please describe how your activity meets the program overview as follows:**   1. Helps delivery of Aboriginal community led and focused wellbeing initiatives to improve Aboriginals’ mental health and community resilience in response to the impacts of COVID-19; and 2. Demonstrates a positive impact and connection to country, cultural and or wellbeing perspectives, and others that help to ease the pressure and stress of COVID-19. 3. Complies with Government Guidelines for COVID-19. |
| *Answer:* |

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| **How does your activity support your community, COVID-19 affected workforce and local businesses?** |
| *Answer:* |

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| **Please tell us about your organisation and also include any further evidence as required as per Heading 6. of the information guidance document.** |
| *Answer:* |

**Activity Budget up to $10,000.00**

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| **Please provide a breakdown of how you intend to utilise the funds.** Please note funds cannot be used to purchase assets over $1,000 per item and a maximum of $3000 total per application. Please use the following headings in developing your budget. *(Funds must be expended by 31 December 2021).* | |
|  | **All prices are quoted as GST Excl** |
| 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**

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| **Application Checklist** | **Yes/No** |
| Have you included evidence as per Heading 6. In the information guidance document that your organisation is eligible for this grant? |  |
| If not an Aboriginal Community Controlled organisation or Aboriginal Community Group have you included a letter of community endorsement from an Aboriginal Community Group or Aboriginal Community Controlled Organisation (e.g. AMS, ACCHO, 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; and
* 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.

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| 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