Community Grants

Empowering our communities

Application Form

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| **Name of proposed activity / project:** |  |

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| **Organisation Name**: |  | | |
| **ABN: (Mandatory)** |  | | |
| **Organisation Address:** |  | | |
| **Organisation Phone:** |  | | |
| **Key Contact:** |  | | |
| **Email**: |  | **Mobile Phone**: |  |

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| --- | --- | --- | --- | --- | --- |
| **Is this application part of a joint venture or consortia?** | |  | Yes |  | No |
| *If yes, please list all partnering organisations and their role in this project / activity:* | | | | | |
| Name | Role | | | | |
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| **Please select the type of activity you are seeking funding for:** | |
|  | Community health and wellbeing events or workshops that promote individual and/or community resilience and reduce stigma associated with mental illness and accessing mental health and suicide prevention services; |
|  | Complementary and lifestyle interventions known to improve physical and mental health, that can be delivered in a group setting; |
|  | Community education sessions on topics such as managing stress, anxiety, depression and stigma. |

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| **Please provide information about the proposed activity and how it will help to improve mental health and resilience within the local community:** *(maximum 250 words, please include town/s where the activity is intended to take place as well as expected start and end dates )* |
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| **What is the funding amount you are applying for?** *(maximum of $30,000)* | **$** |

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| **Please provide a breakdown of how you intend to utilise the funds** *(for grants over $10,000 please provide a separate budget including quotes that relate to the delivery of the activity/project if applicable)* | |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total amount requested:** | **$** |

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| **Bank details** | | | | | |
| **BSB** |  | **Account number** |  | **Account name** |  |
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| **Declaration** | |
| *This section must be completed by an authorised representative of the organisation submitting the application:* | **Agree** |
| I can 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; |  |
| I declare that the organisation is financially viable and able to manage the funding within the timeframe and within budget; |  |
| I understand that the evaluation decision is final, and no correspondence will be entered into; |  |
| I understand and accept that information provided in this application will be stored by COORDINARE – South Eastern NSW PHN in various formats, including hardcopy and/or electronic; |  |
| I confirm that this application does not duplicate existing funding, service delivery or ongoing operational costs; |  |
| I understand that this application does not create a legal or binding commitment; |  |
| If this application is successful I agree to provide a written report to COORDINARE – South Eastern NSW PHN to provide updates on activity progress and outcomes; |  |
| I understand if the conditions of the funding are not complied with COORDINARE – South Eastern NSW PHN may seek to recover any funds allocated. |  |

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| **Authorised Representative Name:** |  | | **Date:** |  |
| **Position of Authorised Representative:** | |  | | |
| **Authorised Representative Signature:** |  | | | |