Community Grants

Strengthening Local Communities

Application form

Name of proposed activity / project: _____

Organisation name: _____

ABN: (mandatory) _____

Organisation address: _____

Organisation phone: _____

Key contact: _____

Email: _____ **Mobile phone**: _____

Is this application part of a joint venture or consortia? ☐ Yes ☐ No

If yes, please list all partners and their role in this project / activity:

Name	Role

Please select the type of activity you are seeking funding for:

☐ Community led psychosocial support groups, events or workshops that improve social skills, connectedness, relationships and isolation for people with complex mental health needs;

☐ Community led psychosocial support groups, events or workshops that increase accessibility and awareness of people with complex mental health issues and reduce stigma associated with mental illness;

☐ New initiatives that are recovery focused and aim to build on an individual's ability and skills to manage their mental illness, improve relationships with families and others, as well as increasing social and economic participations within the community;

☐ Education events or workshops for non-mental health community groups to help become mental health inclusive.

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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 location where the activity is proposed)*

What is the funding amount you are applying for? **$** *(minimum $5,000 maximum of $30,000)* **Please provide a breakdown of how you intend to utilise the funds** *(provide a budget, including quotes that relate to the delivery of the activity/project if applicable).*

CHECKLIST	
Has your ABN been included above?	: Y / N
Has a budget been provided?	: Y / N
Do you have the necessary insurance/accreditation to undertake your proposed activities?	: Y / N
Have you read the Grant Guidelines, including COVID-19 guidance?	: Y / N

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 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 meet with a representative of COORDINARE – South Eastern NSW PHN to provide updates on activity progress and outcomes if requested and provide a summary report on completion of the activity;	☐
I understand if the conditions of the funding are not complied with COORDINARE – South Eastern NSW PHN may seek to recover any funds allocated.	☐

Authorised Representative name: _____

Position of Authorised Representative: _____

Authorised Representative signature: _____

Date: _____