|  |  |  |
| --- | --- | --- |
| Organisation /group name |  | |
| Australian Business Number (ABN)  And/or Australian Company Number (ACN) |  | |
| Contact name (for this application) |  | |
| Contact email |  | |
| Contact number |  | |
| Role of your organisation  Please provide a summary of your organisation  (aims, objectives, mission or purpose) |  | |
| Website |  | |
| Is your organisation operating as a not-for-profit? | Yes | No |
| Is your organisation registered for GST? | Yes | No |
| Insurance:  Note: public liability insurance will need to be obtained for any grant to be awarded | Does your organisation hold adequate insurance for the Grant Program Activity proposed? | |
| Yes | No |
| If yes, provide details of your insurance and relevant copies of the following:  Certificate of Currency  Public Liability Insurance ($10m)  Professional Indemnity Insurance ($5m)  Workcover  Name of insurance company:  Sum insured: $Click or tap here to enter text.  Expiry date of policy: Click or tap to enter a date. | |
| Acknowledgement of agreement to  Terms and Conditions | Yes | No |

### PART A: Applicant details

### PART B: Grant Program Activity Proposal

|  |  |
| --- | --- |
| Grant Program Activity name |  |
| Please list the suburb(s) that your Grant Program Activity will take place in |  |
| Please indicate if any of the following populations are targeted by the Grant Program Activity for victims of family and domestic violence. | First Nations peoples  Culturally and Linguistically Diverse peoples  People who identify as LGBTQIAP+  People with disability  People who are homeless  People living in rural and remote areas |
| Community need you are addressing  (500 words or less) |  |
| Grand Objectives  Please indicate the proposed activity/activities that align with one or more of the following objectives: | **Capacity Building:** Enhance organisational ability to support victims of Family and Domestic Violence.  **Service Access:** Improve access to vital support services for victims.  **Awareness Campaigns:** Increase awareness of Family and Domestic Violence support programs.  **Service Enhancement:** Strengthen the capability of existing services to better assist victims.  **Place-Based Support:** Provide tailored, local opportunities to support victims in specific communities.  **Innovation:** Develop new, complementary activities to expand current organisational efforts. |
| **Project Brief (500 words or less)** | |
| Description of the Grant Program Activity  Please include how the Grant Program Activity supports the organisations mission and vision. |  |
| Objectives  State the objectives of the Grant Program Activity |  |
| Measurements  Please state how outcomes of the Grant Program Activity will be measured. |  |
| Key milestones  E.g. Commencement and cessation dates, |  |
| Timeframe  Will the activity commence between April-July | Yes  No |

### PART C: BUDGET

|  |  |
| --- | --- |
| **Budget Line Item** | **Cost $** |
|  |  |
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### To be completed and submitted by 21 July 2024

|  |  |
| --- | --- |
| **Grant Program Activity Completion Report** |  |
| 1. How did you spend the grant funds? (300 words max) |  |
| 1. What was the impact of the grant funds on the community?   (300 words max) |  |
| 1. How did you determine what impact was to the community?   (300 words max) |  |

### 

### Supporting documentation and checklist:

Each question of the application has been completed

☐ An Executive Officer, or senior delegate with appropriate authority and financial delegation has signed the declaration

All requested documents have been attached including:

☐ Copy of Certificate of Incorporation or Letter of Agreement and Certificate of Incorporation from a sponsoring organisation

☐ Copies of relevant insurance Certificate of Currency statements (Public Liability, Professional Indemnity, Workcover)

☐ Proposed budget outlining anticipated income and expenditure of proposed Grant Program Activity

☐ Completed New Supplier form

### Authorisation and Declaration:

By signing this declaration, you acknowledge and agree to the following on behalf of the applicant organisation:

* I am authorised by the organisation to submit this application
* All questions have been answered and all requested supporting documentation has been attached.
* The information provided in the application is true and accurate.
* I have read and agree to the Terms and Conditions
* I certify that the organisation (or sponsoring organisation if relevant) is financially sound, solvent and the organisation is able to pay its debts as and when they become due and payable.
* I acknowledge that submission and acceptance of this application is not a guarantee of any funding and that provision of funding is subject to an offer from Brisbane South PHN.
* The applicant has no conflicts of interest which may have a bearing, or be perceived to have a bearing, on the ability of the applicant to properly and impartially discharge the grant objectives.

|  |  |
| --- | --- |
| Signature of Declarant |  |
| Name of Declarant |  |
| Position of Declarant |  |
| Date |  |