# Brisbane South PHN

# AMAQ Family and Domestic Violence Small Grants

The AMAQ Foundation has generously launched a Small Grants initiative to support organisations in Queensland that assist victims of Family and Domestic Violence. This program, administered in partnership with Brisbane South PHN, aims to enhance the capacity of organisations addressing this critical issue. Grants of up to $20,000 per applicant will be available. To apply for this grant please complete the application below and email to [tenders@bsphn.org.au](mailto:tenders@bsphn.org.au)

### PART A: Applicant details

|  |  |  |
| --- | --- | --- |
| 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 B: Grant Program Activity Proposal

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| --- | --- |
| 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

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| --- | --- |
| **Budget Line Item** | **Cost $** |
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### To be completed and submitted by 24th February 2025

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| --- | --- |
| **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 (Part C)

### 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 |  |