**EOI Application Form**

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| **Contact name (for this application)** |  |
| **Organisation** |  |
| **Australian business number (ABN)/Australian company number (ACN)** |  |
| **Contact email** |  |
| **Contact phone number** |  |
| **Role of your Organisation** |  |
| **Website** |  |
| **Is your organisation operating as a non-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:****Expiry date of policy:** |
| **Acknowledgement of agreement to terms and conditions** | **​​☐​ Yes** | **​​☐​ No** |

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| **Project name**   |   |
| **CRITERIA 1 Alignment with Grant Objectives (20%)**  |
| **Project overview**  Please provide a brief overview of the proposed project. Including: * *What are the key strategies or activities?*
* *Alignment with grant priorities*
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| **Project objectives** * What are you trying to achieve?
* What changes do you expect to see?

 When developing objectives please ensure they are – Specific, Measurable, Achievable, Realistic and Time-bound.     |
| *Example:* *This project will:* *Increase community knowledge of local health services by conducting a minimum of five workshops in priority suburbs to educate residence about healthcare options including Urgent Care Clinicals and FindCareFast website.  These workshops will aim to reach 150 participants, with 80% reporting improved awareness of healthcare services in a post workshop evaluation.*      |
| **CRITERIA 2 Target population focus (20%)**  |
| **Who will benefit from this project, and why?**  |
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| **CRITERIA 3 Geographic relevance (20%)**  |
| **Where will be the project be delivered and why?**  |
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| **CRITERIA 4 Innovation and community engagement approach (20%)**  |
| **What are the expected outputs?** * What will the project produce and/or deliver?
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| *Example:*  *Project outputs include:* * *A minimum of five workshops conducted in priority suburbs, focusing on healthcare options, including Urgent Care Clinics and the FindCareFast website.*
* *At least 150 community members participating in the workshops.*
* *Development of tailored educational material provided to all participants, detailing healthcare services and how to access them*
* *At least 80% of participants reporting improved awareness of local healthcare services, as measured by post-workshop evaluation results.*
* *A summary report prepared by workshop facilitators detailing attendance, participant feedback, evaluation results, and recommendations for future workshops.*

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| **Community engagement approach** * How will you engage community members in this project?
* What innovative methods or approaches will you use to engage the community?
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| **CRITERIA 5: Feasibility and implementation plan (10%)**  |
| **Project milestones -** including project start and finish date.  |
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| **Project stakeholders**  * Who will be involved in delivering this project?
* Will you be working in partnership with other organisations?
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| **Assumptions and risks** * Are there any assumptions or potential risks for this project?
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| **Evaluation plan** * How will you know the project has been successful?
* What processes will you implement to capture data and insights?
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**CRITERIA 6: Budget and cost-effectiveness (10%)**

Use the table below to itemise all expected costs of the project.  Please include any grants, donations or in-kind contributions that might be used to support this project.

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| **Budget Line Item**  | **Cost $**  |
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**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 certify that the organisation is financially sound; solvent and can 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.

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| **Signature of Declarant** |   |
| **Name of Declarant** |   |
| **Position of Declarant** |   |
| **Date** |   |