**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? | |
| *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.* | |
| **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** |  |