**Jimboomba Community Wellbeing Grant Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** | |

|  |  |
| --- | --- |
| **Project name** |  |
| **CRITERIA 1 Alignment with Grant Objectives (30%)** | |
| **Project overview**    Please provide a brief overview of the proposed project. Including:   * *What are the key strategies or activities?* * *Alignment with grant priorities* | |
|  | |
| **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:*  *"Game On: A Weekend of Sports & Smart Choices"*  *Participants will gain awareness of substance risks, improve fitness and mental health, build positive peer connections, adopt healthier habits, and boost confidence and decision-making skills.* | |
| **CRITERIA 2 Innovation and community engagement approach (30%)** | |
| **What are the expected outputs?**   * What will the project produce and/or deliver? | |
| *Example:*   *Project outputs include:*   * *Two full-day sporting events conducted in priority suburbs, focusing on educating participants in reducing alcohol and substance use in the community.* * *At least 150 community members across different age ranges participating in the carnival.* * *Development of activities and tailored educational material provided to all participants, detailing the effects of substance use.* * *Promotion of alcohol and substance support services available to the community.* * *The attendance of local alcohol and substance abuse services to connect with the community so community members can ‘put a face to the name’.* * *At least 80% of participants reporting improved awareness of local support services. Improvement measured through post-workshop evaluation.* * *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? | |
|  | |
| **CRITERIA 3: Feasibility and implementation plan (20%)** | |
| **Project milestones -** including project start and finish date. | |
|  | |
| **Project stakeholders**   * Who will be involved in delivering this project? * Will you be working in partnership with other organisations? | |
|  | |
| **Assumptions and risks**   * Are there any assumptions or potential risks for this project? | |
|  | |
| **Evaluation plan**   * How will you know the project has been successful? * What processes will you implement to capture data and insights? | |
|  | |
| **CRITERIA 4 Target population focus (10%)** | |
| **Who will benefit from this project, and why?** | |
|  | |

**CRITERIA 5: 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.

|  |  |
| --- | --- |
| **Budget Line Item** | **Cost $** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**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.

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