**Supporting Communities in Bushfire Recovery**

**Community Grants Program**

Application Form

Please complete this Application Form either online or download, complete and email to commissioning@hnc.org.au

|  |
| --- |
|  |
| Organisation name: |  |
| ABN: (Required) |  | Is the organisation registered for GST? |[ ]  Yes |
|  |  |  |[ ]  No |
| Organisation address: |  |
|  | Town: |  | Postcode: |  |
| [ ] rganisation phone: |  |
| Contact person: | Name: |  |
|  | Position title: |  |
|  | Email: |  |
|  | Mobile phone: |  |

|  |
| --- |
| **Section B – Joint Venture** |
| Is this application part of a joint venture or consortium?  |[ ]  Yes |
|  |[ ]  No |
| If yes, please list all partnering organisations and their role and contribution in this project / activity: |
| Name of partner organisation | Role  | Financial support / in-kind contribution / donations |
|  |  |   |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Section C – Target Group** |
| 1. **Describe the type of community or group represented by your organization.**

 **(For example: everyone in town, Aboriginal people, firefighters, children, sporting people, families, etc.)** |
| *Please provide answer here* |
| 1. **Describe the community or groups that will benefit from your proposed activity.**
 |
| *Please provide answer here* |
| Town(s) / locality where the activity/event will occur:  |  |
| Expected start date: |  | Expected end date: |  |
| Anticipated number of people likely to attend:  |  | Please indicate activity/event type:  |[ ]  In person |
|  |  |  |[ ]  Virtual/online |
| How will your activity/event be COVID-19 safe if people attend in person? |
| *Please provide answer here* |
| **Section D – Assessment Criteria*Please provide details of how your proposal addresses the assessment criteria by completing the application below:*** |
| **In which bushfire affected local government area is your community located?**  |[ ]  Port Macquarie – Hastings |[ ]  Kempsey |
|  |[ ]  Nambucca |[ ]  Bellingen |
|  |[ ]  Coffs Harbour |[ ]  Clarence Valley |
|  |[ ]  Richmond Valley |[ ]  Kyogle |
|  |[ ]  Ballina |[ ]  Lismore |
|  |[ ]  Byron |[ ]  Tenterfield (Tabulam, Upper Tooloom, Urbenville only) |
| **Name of community** **affected by bushfire:**  |  |
| 1. **Demonstration of need:**
2. In what ways have the 2019-20 bushfires impacted your community?
3. In what ways would your proposed activity benefit your bushfire affected community?
 |
| *Please provide answers to both 1.a. and 1.b. here* |
| 1. **Evidence that the planned activity is consistent with the grant program’s objectives:**
* Please describe the proposed activity.
* In describing the activity, please outline how the activity addresses the grant program objectives, ie: supports grassroots community activities to strengthen social connectedness, emotional wellbeing, and resilience and assist communities to recover and heal, through activities that promote any or all of the following:
* social cohesion, connectedness and supportive friendship and relationships
* community wellbeing, resilience, mental health healing and post-trauma recovery for communities
* information about services and where to seek assistance when needed, and/or assistance to identify and support those in distress
 |
| *Please provide answer here* |
| 1. **Please describe how your organisation will deliver the activity on time and within budget.**
 |
| *Please provide answer here* |
| 1. **Please describe how your organisation proposes to measure and report on outcomes.**
 |
| *Please provide answer here* |

|  |
| --- |
| **Section E – Budget and Financial Information**  |
| 1. **Funding level sought:**
 | Level 1: | $ | *(up to 1,500)* |
|  | Level 2: | $ | *(1,501-10,000)* |
| 1. **Please provide a breakdown of how you intend to utilise the funds.**  *(include more rows if required)*
 |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  **Total amount requested:** | $ |  |
| 1. **Does your organisation have public liability insurance?**

If yes, please state the amount of the cover: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes | [ ]  No |

|  |
| --- |
| **Section F – Declaration**  |
| **This must be completed by an authorised representative of the organisation submitting the application.** | **Agree** |
| I can confirm that the contents of this application are to the best of my knowledge accurate, complete and do not contain any false, misleading or deceptive misrepresentation, claims or statements. | [ ]  |
| I have declared all additional financial support / in-kind contribution / donations for this project / activity.  | [ ]  |
| I declare that the organisation is financially viable and able to manage the funding within the timeframe and within budget. | [ ]  |
| I understand and accept that information provided in this application may be stored by Healthy North Coast in various hardcopy and/or electronic formats. | [ ]  |
| I understand that this application does not create a legal or binding commitment and that if successful the organisation will be bound by a Grant Agreement with Healthy North Coast. | [ ]  |
| I understand that I am required to have in place $5 million public liability insurance and, if appropriate, professional indemnity and workers compensation insurance.  | [ ]  |
| If this application is successful, I agree to provide a written summary report in the specified format to Healthy North Coast on activity, processes and outcomes. | [ ]  |
| I understand that if the conditions of the funding are not complied with, Healthy North Coast may seek to recover any funds allocated. | [ ]  |

|  |  |
| --- | --- |
| **Name of authorised representative:** |  |
| **Position of authorised representative:** |  |
| **Signature of authorised representative:** |  |
| **Date:** |  |