**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](mailto:commissioning@hnc.org.au)

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| 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: | |  | | | | | |

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| **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 | | |
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| **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* | | | | | | | | | | | |

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| **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 |

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| **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. |  |

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