# Supporting Communities in Bushfire Recovery

**Application Form**

Please complete this application form and email to communitygrants@hnc.org.au including any attachments in support of your application.

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| **Section A - Applicant Information** |
| Organisation name: |  |
| My organisation is a not-for-profit community organisation, association or group. | Yes [ ]  | No [ ]  |
| 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 – Partner Organisations** |
| Are any other organisations contributing to this project?  |[ ]  Yes |
|  |[ ]  No |
| If **yes**, please list all partner organisations and their proposed role and contribution to the project: |
| Name of partner organisation | Role  | Financial support / in-kind contribution / donations |
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| **Section C – Project Summary**  |
| Name of proposed project: |
| Please provide a short overview of your proposed project (maximum 100 words).  |
| *Provide answer here* |
| 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? |
| *Provide answer here* |

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| **Section D - Location**  |
| In which bushfire affected local government area will the activity be delivered?  |[ ]  Nambucca |[ ]  Kempsey |
|  |[ ]  Port Macquarie - Hastings |[ ]  Clarence Valley |
|  |[ ]  Bellingen |[ ]  Kyogle |
|  |[ ]  Coffs Harbour |[ ]  Ballina |
|  |[ ]  Lismore |[ ]  Byron |
|  |[ ]  Richmond Valley |  |  |
|  |[ ]  Tenterfield (Tabulam, Upper Tooloom, Urbenville only) |
| Name of community/ies and location/s where the project will be delivered:  |  |

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| **Section E - Target Group** |
| Describe the community or group that will benefit from your proposed project e.g. whole of community, older people, Aboriginal Australians, people in remote areas etc.  |
| *Please provide answer here* |

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| **Section F - Grant Assessment Criteria** |
| 1. **Demonstration of Need**

Please describe how the 2019-20 bushfires impacted the **target location** and the **target group?** (maximum 200 words) |
| *Provide answer here* |
| 1. **Project Outcomes**

a) Which of the program objectives does your project address? (Tick all that apply) |
| Social Connection □ | Mental Wellbeing □ | Resilience Building □ |
| b) Please describe how the proposed project will benefit the target group. i.e. what are the proposed outcomes?  |
| *Provide answer here*  |
| *c)* How will you measure and report on the outcomes?  |
| *Provide answer here*  |
| 1. **Capacity to Deliver**

Please describe how your organisation will deliver the activity on time and within budget? |
| *Please provide answer here* |

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| **Section G - Budget and Financial Information** |
| Please provide a detailed description of proposed expenditure for your activity. *Note: funding cannot be used to purchase alcohol, or for capital for works such as buildings, machinery etc.* |
| **Expenditure** | **Cost per item** | **Quantity** | ***Total*** |
| Example items (**delete when entering budget)**4 x Community Art Workshop – Facilitator  | $300 | 4 | $1,200 |
| Design and printing of flyers x 400 | $1 | 400 | $400 |
| Catering for 40 people @ $25 per head | $25 | 40 | $1000 |
| Public liability insurance @ $2 million x 12 months |  |  | $650 |
| *(include more rows if required or provide an attachment of budget breakdown)* |  |  |  |
| **Total amount requested:** |  |  | **$3250** |
| 1. **Does your organisation have public liability insurance?**

If yes, please state the amount of the cover: $  | ☐  Yes | ☐ No |

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| **Section H - 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 information. | [ ]  |
| 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 public liability insurance of at least $2 million 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:** |  |