# Supporting Communities in Bushfire Recovery

**Application Form**

Please complete this application form and email to [communitygrants@hnc.org.au](mailto:communitygrants@hnc.org.au) including any attachments in support of your application.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I CONFIRM THAT I HAVE READ THE** [**APPLICATION GUIDELINES**](https://hnc.org.au/wp-content/uploads/2021/03/HNC-Bushfire-Grants-Application-Guidelines-R2-V4.pdf) | | | | | Please tick | |
| **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: | |  | | | |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: | | |  | | |

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

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

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

|  |  |  |
| --- | --- | --- |
| **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 $10 million, including $5 million for any one occurrence 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:** |  | |