

WELL-BEING GRANTS for FARMING COMMUNITIES

Grant Applications open **30 January 2019**

APPLICATION FORM

Empowering our Communities:
Supporting farmers and communities
in drought affected regions

Funding amounts from \$1,000 to \$50,000 subject to eligibility criteria and assessment

Details of the eligibility criteria can be found in the *Grant Applications Guidelines* document. Applicants must read *Grant Applications Guidelines* before submitting an application. This Grant Application is stage one of a two-stage process and applicants may be asked to provide further information.

APPLICANT DETAILS

Name of organisation or group:	
ABN	Website (if you have one) Email
Postal Address: <i>To receive written notification of the outcome of this grant process.</i>	
What does your organisation do? <i>Provide a brief outline of who you are and what type of activities you currently engage in.</i>	

Contact person for this application:

Name:

Position:

Phone:

Email:

Is your organisation a Tax Concession Charity (TCC)?

YES

NO

Does your organisation have Deductible Gift Recipient (DGR) status?

YES

NO

Is your organisation registered for GST?

YES

NO

2. List the main project activities: *Who will the project involve and how will it be delivered?
Include details of how you will recruit participants, location details and model of care (if relevant).*

• Small Grants – max. 250 words • Medium Grants – max. 500 words • Large Grants – max. 750 words

3. Please indicate how your project will support farming communities' needs around mental health:

You may also wish to include how the project will meet the Grant Objectives on page 1 of the Application Guidelines document.

• Small Grants – max. 100 words • Medium Grants – max. 150 words • Large Grants – max. 200 words

4. What will the project achieve and how will you measure this?

What are the outcomes or effects on the program participants?

• Small Grants – max. 100 words • Medium Grants – max. 150 words • Large Grants – max. 200 words

5. Please provide any other relevant supporting information: *eg. partners you will work with, letters of support and for Large Grants evidence of consultation or quotes if applicable.*

• **Small Grants – max. 100 words** • **Medium Grants – max. 150 words** • **Large Grants – max. 200 words**

Please list any attachments here and clearly label additional pages when attaching them to the Grant Application.

If there is not enough space for your submission, please clearly label and attach additional pages with this Grant Application.

PROPOSED BUDGET DETAILS

INCOME	
Amount requested for this application:	\$
Please specify any other funding from other sources that will also contribute to this project:	
List any in-kind contributions for this project:	

EXPENDITURE	
Break down of individual line items <i>(eg. equipment, salaries, administration, venue hire etc.)</i>	\$

Please clearly label and attach any supporting documentation with this application form via email to: grants@nbmphn.com.au

or by post to:

Wentworth Healthcare
Bldg BR, Level 1, Suite 1
Locked Bag 1797
Penrith NSW 2751



ORGANISATION DECLARATION

To be signed by an authorised representative from your organisation.

- I declare that I am currently authorised to sign legal documents on behalf of the organisation
- I declare that the information in this Grant Application is true and correct
- I understand that the decision made by Wentworth Healthcare regarding this Grant Application is final, that this Grant Application does not constitute a formal offer and that no legal obligations shall arise unless and until a contract is signed by both parties
- I understand that if my organisation is successful in this bid for funds, it will be subject to the Wentworth Healthcare *Well-Being Grants for Farming Communities Grant Agreement*

Name of the Organisation:

Name of Authorised Representative:

Position of Authorised Representative: