Grant Application Form

Before you start your application, you should read the following documents to ensure you meet all eligibility requirements and to help you identify partners for your project:

* COVID-19 Vaccine Uptake Community Grants Guide
* COVID-19 Vaccine Uptake Frequently Asked Questions

Template forms and all other information pertaining to the *COVID-19 Vaccine Uptake - Partnering for the wellbeing of our communities* grants are included in this pack.

As part of your application, you must complete the following sections:

l PART A: ELIGIBILITY AND PROJECT CONTACT DETAILS
Information required, no score attributed.

l PART B: PROJECT DESCRIPTION: ABOUT YOUR PROJECT
Contributes to the assessment.

l PART C: BUDGET
Contributes to the assessment.

l PART D: CHECKLIST

If you would like support with your application, please call 7117 9227 or email WellbeingSA.PPHHealthPromotionBranch@sa.gov.au.

A Community Development Officer will contact you back within 1 to 2 business days.

Please email your complete application form anytime to WellbeingSA.PPHHealthPromotionBranch@sa.gov.au.

Applications will not be accepted after **11.59pm Sunday 28 November 2021.**

**Please keep to the word count specified in the questions below. Responses can be presented as dot points if preferred.**

PART A: ELIGIBILITY AND PROJECT CONTACT DETAILS

1. Project title

Click here to enter text.

1. Name of applying organisation

Click here to enter text.

1. Australian Business Number for applying organisation

Click here to enter text.

1. Do you need an Auspicing Organisation?

[ ]  Yes [ ]  No [ ]  A letter of support is attached

1. Which of the group(s) or region(s) who are unsure about being vaccinated, will be covered by your project? (Please refer to the **Grants Guide** for list of groups and regions)

[ ]  Aboriginal and Torres Strait Islander people

[ ]  People who do not speak English at home

[ ]  People with lived experience of mental health challenges

[ ]  Young people, especially 18 to 24 years old

[ ]  Unemployed people and those living in disadvantaged areas

Location: Click here to enter text.

1. Describe your organisation’s history or ability to work with the group(s) and/or region(s).

Click here to enter text.

1. Who is the main contact person

Name: Click here to enter text.

Role in organisation: Click here to enter text.

Phone number(s): Click here to enter text.

Email: Click here to enter text.

Postal address: Click here to enter text.

Physical address: Click here to enter text.

PART B: PROJECT DESCRIPTION: ABOUT YOUR PROJECT

Please note that Part B questions contribute to the assessment. We strongly encourage you to read the guiding principles for completing your application for this section, found in the **Grants Guide**.

1. Please answer the questions below:
	1. What will you do to increase COVID-19 vaccinations with your community? (500 word limit)

Click here to enter text.

* 1. How will you work with your community to ensure your project is successful? (300 word limit)

 Click here to enter text.

* 1. Approximately how many people are in the community you are trying to reach?

 Click here to enter text.

* 1. What are the key timeframes (i.e. when will you complete the main activities, noting that the project must be complete by 25 February 2022)? (200 word limit)

 Click here to enter text.

* 1. Who are your key partners in the project and their role? e.g. community leaders

 Click here to enter text.

PART C: BUDGET

Please note that Part B questions contribute to the assessment.

1. How will the grant be spent? Please complete the template below with as much detail as possible.

Examples include promotional materials including, facilities hire, equipment.

|  |  |
| --- | --- |
| **Income** | **Budget (GST inclusive)** |
| Community grant amount requested |  |
| **Expenses**  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

1. If the Grant Assessment Panel is unable to fully fund your application would you accept partial funding, negotiated with you? [ ]  Yes [ ]  No

 Please provide any comment if applicable.

Click here to enter text.

PART D: GRANT APPLICATION CHECKLIST

Before you submit your application please tick the boxes below:

[ ]  I have read the COVID-19 Vaccine Uptake Community Grants Guide and all questions on this Application Form have been answered.

[ ]  Our organisation is eligible to apply, as per the **Grants Guide**

[ ]  The project aims to increase the vaccination uptake for communities who are unsure about being vaccinated or in regions where vaccination uptake is low.

[ ]  I confirm this application is not seeking funding for:

* activities, projects, or initiatives that are inconsistent with the guiding principles and purpose of the grants
* ongoing operational and maintenance costs
* participation by individuals in interstate or international events
* grants to third parties
* activities, projects, or initiatives where the organisation has committed expenditure prior to the release of the Community Grants.