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| **2016/2017****GRANT FUNDING APPLICATION** **TO****TORRES STRAIT REGIONAL AUTHORITY****HEALTHY COMMUNITIES & SAFE COMMUNITIES PROGRAMMES** |

**Before completing application, please note:**

* A full copy of the Healthy Communities & Safe Communities Programmes Grant Guidelines has been included in your application package - please ensure that you have read these prior to completing your application.
* Closing date for applications is **4pm Tuesday 11th October 2016**
* Funding for this round is released in January 2017 and this project must occur between

 **1 January 2017 and 3O June 2017**

* Supporting documents are an important part of your application. See page 12 of this application for a full list of documents you should include.
* If you do not have an ABN (Australian Business Number), you will need:
	+ an incorporated organisation to **auspice** the grant (look after the grant finances) for you – this could be a community organisation or Council for example.
	+ a letter from your chosen auspice body indicating that they agree to this role.
* If you have any questions and need clarification on completing this application, please do not hesitate to contact the TSRA Healthy Communities and Safe Communities Programmes on **07 4069 0700** or via email HSCTeam@tsra.gov.au.

**ELIGIBILITY CRITERIA**

Any incorporated organisation, sole trader or individual from the Torres Strait and Northern Peninsula Area communities of Bamaga and Seisia. Organisations or individuals without an ABN will have to engage an incorporated organisation to auspice the grant i.e. an organisation like a council or other incorporated community organisation to receive the money, acquit the expenditure and assist with the final outcome report.

**Organisations who wish to apply for grant funding and who have TSRA Members or employees who hold Director positions within their organisation must ensure that other Directors are used to sign the grant application forms. Board Members and employees of TSRA are not eligible to apply for grant funding either in their own right or on behalf of another person or organisation.**

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| **TSRA FUNDING SUBMISSION****APPLICANT DETAILS**  |
| **Eligibility Criteria****Board Members and employees of the Torres Strait Regional Authority are not eligible to apply for grant funding either in their own right or on behalf of another person or organisation. Organisations who wish to apply for grant funding, and who have TSRA Members or employees who hold Director positions within their organisation, must ensure that other Directors are used to sign the grant application forms.** |
| Applicant Trading Name: |  |
| Name of Primary Contact: |  |
| Postal Address: |  |
| Street Address : |  |
| Telephone Number: |  |
| Email Address: |  |
| **INCORPORATION STATUS**  |  |
| Incorporation Status: |  |
| Incorporation Date: |  |
| Under what legislation is your organisation incorporated?  |  |
| Last AGM Date: |  |
| Common Seal: (Yes/No)  |  |
| ABN Number:*(TSRA is unable to provide grant funding to organisations that do not have an ABN. If you do not have an ABN, you will need to provide details of your nominated Auspice body as part of your application)*  |  |
| Is your organisation registered for GST?  |  |
| Is your organisation a Not For Profit organisation?  |  |
| Name of Auspice body: Auspice body ABN Number:*This applies to organisations that do not have an ABN and to* ***ALL*** *applications in the name of an Individual/s* | ***Please supply letter from auspicing organisation with your application*** |

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| **NOMINATED FINANCIAL INSTITUTION DETAILS**  |
| Name of Bank or Financial Institution: |  |
| Account Name: |  |
| Account Type:  |  |
| Branch: |  |
| BSB Number:  |  |
| Account Number:  |  |

***(For new applicants, please include a copy of your bank statement for confirmation of details above)***

This submission seeks **$**  for the purpose of the project outlined in detail on the attached Project Plan.

**PLEASE NOTE: IF YOU ARE APPLYING FOR MORE THAN ONE PROJECT;**

* **A SEPARATE PROJECT PLAN MUST BE COMPLETED FOR EACH PROJECT**
* **PLEASE PRIORITISE YOUR PROJECTS INDICATING 1 AS YOUR HIGHEST RANKING PROJECT.**

The applicant certifies that the information in this submission is, to the best of their knowledge, true and correct.

The applicant understands that any omission or false statement made in relation to the submission may result in TSRA withdrawing the approval of any grant to the applicant.

*The applicant acknowledges that it is an offence under the Commonwealth Criminal Code for a person to give false information to a Commonwealth entity, knowing that the information is either false, misleading or omits any matter or thing, without which the information is misleading.*

The applicant agrees that TSRA may check any information in, or relevant to the submission, for the purposes of appraising the submission.

The applicant acknowledges that TSRA has the right to request additional information from the applicant or from regulatory bodies for the purpose of appraising the submission.

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| **CERTIFICATION** |
| Certification below needs to be effected after the Executive/Governing Body has validly passed this submission at a duly constituted meeting held on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Position Signature  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Position Signature  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date  |



**PROJECT PLAN**

**Name of Project:**

**Description:**

***(Please describe your project in one sentence)***

**Grant Amount: $**

**Organisation:**

**Auspice body (if applicable):**

***Please tick the Programme your application is applying under:***

* HEALTHY COMMUNITIES PROGRAMME
* SAFE COMMUNITIES PROGRAMME

**PROJECTS AND INITIATIVES**

The TSRA Healthy Communities and Safe Communities Programmes develop and support projects and initiatives to achieve the Programmes aims, as outlined in the TSRA Grant Guidelines.

Your project proposal will be assessed in line with the Assessment Criteria on page 4 of the TSRA Grant Guidelines.

***Choose the relevant Healthy Communities and/or Safe Communities Programmes’ Project and Initiative in which your project will support*** *(tick box)****:***

**Healthy Communities Programme:**

* Support community market garden and horticulture initiatives
* Engage with food suppliers/retailers to increase supply and variety of healthy food options
* Support health education initiatives including physical education, nutrition, obesity, diabetes programs, motivation, substance abuse
* Contribute funding and provide policy advice for the delivery of essential services and infrastructure to support healthy living environments

**Note:** Funding for sports and recreational activities is distributed by the Torres Strait Youth and Recreational Sporting Association (TSYRSA) on behalf of the TSRA and cannot be assessed through this grant process. Please contact the TSYRSA office on 07 4069 2484 for information on grant funding rounds.

**Safe Communities Programme:**

* Support Torres Strait Islander and Aboriginal women, men, and children social development and support programs; child and family safety programs
* Support safe and accessible community infrastructure; land and sea communications systems; communites capacity building
* Participate in interagency and Integrated Service Delivery meetings/forums to discuss issues of community and domestic safety and to contribute to shaping planning and service delivery in the region

**Important Note:**

The TSRA will **not** support activities that are a primary responsibility of other government departments and/or activities that may duplicate current service delivery of another organisation.

The applicant should attempt to research other funding opportunities and seek to understand the need for the project in the community so as to avoid duplication of services. The applicant must demonstrate community support or need for the project and attempts to leverage from existing programs or resources in the community will be highly regarded as will a co-funded application.

**CHECKLIST for the Project Plan**

* **Does your project benefit the local community?**
* **Align to the aims and objectives of the programme?** *(see page 2 of Grant Guidelines)*
* **Does it contribute to the short and long term benefits of the programme?**
* **Do you have experience delivering a similar project?**
* **Have you demonstrated the need for the project in the community?**
* **Is your budget breakdown clear and realistic?**

# PURPOSE

**Why do you want to do this project? What does this project seek to achieve?**

# SCOPE

**Describe how you will achieve this project?**

**Why is this project needed? Who will it benefit?**

**Who will be involved in the project? (Who will lead project/participants?)**

**BENEFITS**

***Insert the benefits that the project will contribute to. A list of potential benefits is outlined in the program guidelines (pages 2-3). The benefits identified must come from this list. One to three benefits per project is the suggested maximum.***

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| **Benefit Description** ***eg: Fresh food produced for community*** | **Target** ***eg: Reason for project*** | **Timeframe to Achieve*****eg: Complete by 30 June 2015*** |
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# Schedule

***Detail in the following table the proposed tasks and milestones of the project including start and finish dates for the overall project.***

***(Note: tasks have a start and finish date; milestones have either a start or finish date).***

| **Tasks/Milestones** | **Start Date** | **Finish Date** | **Dependencies** |
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**PROPOSED BUDGET**

**You must provide a detailed breakup of how you will spend the amount you are requesting.**

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| **Amount Requesting from TSRA** | **$** | *Please ensure these amounts are shown in budget table below, and clearly indicate the other funding source amounts.* |
| **Applicant’s Contribution to the Project** | **$** |
| **Funding/Contribution from other Sources** | **$** |

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| **CAPITAL** (building materials/assets and equipment related) | ***Description*** *(e.g. second hand bus)*  | ***Income****(funding source)* | ***Expenditure*** |
| **Buildings** |  | **$** | **$** |
| **Materials** |  | **$** | **$** |
| **Motor Vehicles** |  | **$** | **$** |
| **Self Propelled Plant** |  | **$** | **$** |
| **Other Plant** |  | **$** | **$** |
| **Marine Capital** |  | **$** | **$** |
| **Tools** |  | **$** | **$** |
| **Furniture** |  | **$** | **$** |
| **Office Equipment** |  | **$** | **$** |
| **SUB TOTAL - CAPITAL** | **$** | **$** |

* ***Please note that the total income must equal the total expenditure***

*Budget continue on next page*

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| **OPERATIONAL** *(funding needed to run the project)* | ***Description*** | ***Income*** | ***Expenditure*** |
| **\*Salaries** **(list positions to be funded)** |  | **$** | **$** |
| **\*Superannuation** |  | **$** | **$** |
| **\*Workers Comp** |  | **$** | **$** |
| **\*Other Wages Costs** |  | **$** | **$** |
| **Consultants** |  | **$** | **$** |
| **Insurance Vehicles Etc.** |  | **$** | **$** |
| **Vehicle Operating Exp** |  | **$** | **$** |
| **Marine Operating Exp** |  | **$** | **$** |
| **Repairs / Maintenance** |  | **$** | **$** |
| **Services** |  | **$** | **$** |
| **Supplies** |  | **$** | **$** |
| **Travel Costs** |  | **$** | **$** |
| **Training Providers** |  | **$** | **$** |
| **Audit and Accounting** |  | **$** | **$** |
| **Other (please specify)**  |  | **$** | **$** |
| **SUB TOTAL - OPERATIONAL** | **$** | **$** |
|  |
| **TOTAL CAPITAL & OPERATIONAL** | **$** | **$** |

* ***Please note that the total income must equal the total expenditure***
* ***\*Only Eligible Organisations can apply for these types of expenses.***

**supporting documentation**

**Supporting documentation assists in the determination of the feasibility of the project, eg. extract from land use plan demonstrating availability of suitable land; approval from traditional owners regarding Native Title.** Below is a list of standard supporting documents that are required to support applications.

* Letters from auspicing bodies agreeing to auspice the grant/s
* Business Plan
* Program or Project Plan
* Support letters from other sources of funding
* Letters of support from your community
* Quotes

The TSRA reserves the right to request further information to assist with the assessment process.

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**CHECKLIST**

***Before submitting your application, please use the checklist below to ensure you have provided enough standard information in your grant application.***

* Quotes (from suppliers, consultants, etc.)
* Funding sought from other sources (applicant contribution, in-kind, other funding bodies)
* Letter of Confirmation from Auspice body, if applicable
* Letter of Support from listed participants
* Support letters from your community
* Letters of invitation/confirmation of event
* Curriculum Vitae of participants (resume of qualifications and/or relevant experience)
* Project plans, programs (for events) etc.

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| Please address all applications to:**CONTRACT OFFICER****TSRA Common Funding Round Grants****Torres Strait Regional Authority****PO Box 261****Thursday Island QLD 4875**Please email all electronic applications to:grantapplications@tsra.gov.au by 4pm 11 October 2016 |