

Healthy Communities Fund Application Form

Ver 1.3



Section 1 - Details of Applicant

Contact name:

Name of organisation/business:

Address of organisation:

(including full post code)

Telephone number:

Fax number or Email Address:

If you are from an already established group or organisation, please provide any material about your organisation or group (e.g. service leaflet, annual report, constitution, aims & objectives etc.)

Section 2 - Current Application

Brief title of project/ activity:

Which geographical area/s will the project be delivered in?

Which groups will benefit from the project (please tick all that apply)?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Young People |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Aboriginal and/or Torres Strait Islanders |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> People from Cultural & Linguistically Diverse Backgrounds |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> People with a disability |
| <input type="checkbox"/> Older People | |

Please state the activities/steps that will be undertaken as part of the project (i.e. the objectives – what you will do)

(continue on additional sheets if necessary)

What will be achieved as a result of these activities?

(What are the outcomes for people taking part in or reached by the project? How will they be better off because of the project?)

What evidence of need has informed this proposal?

(How do you know that there is the issue/problem that the project seeks to resolve?)

Describe how you intend to monitor and evaluate the project.

(How will you know if the project worked?)

What is the cost of this project/ activity? Please specify costs.

(If you are applying for funding to purchase equipment/ materials please list the items and their estimated cost, including source - please include actual quotes if possible).

Budget

Expenses - items	In-kind* \$	Cash \$	Total \$
<p>*In-kind - donations of goods or services</p> <p style="text-align: right;">Total Cost of Project \$ _____</p> <p style="text-align: right;">Amount you are requesting \$ _____</p>			

If purchasing equipment or services (eg. printing) please provide copies of quotes.

If you are not requesting the total cost of the project, please give details of ALL other sources and their contribution, including whether or not the amount has been agreed.

(Please note that the QAHC must be advised of all sources of funding, even if agreed after this application is submitted.)

Have you applied for any funding for this project before? If so, please give details.

What other groups/organisations, if any, will be involved in the project, and what will be their role?

Is there any other information that you would like to mention in support of your application?

Section 3 - Certification

I certify that all monies provided under the Healthy Communities Fund in relation to this application will be used for the purposes set out above. I agree that should the application be funded:

- to provide a six month report on progress and interim expenditure
- on completion of the project to provide a written report (including evaluation if relevant)
- to provide evidence of actual expenditure on completion of the project.

I certify that all the above is correct and complete to the best of my knowledge.

Name _____

Position _____

Signature _____

Date _____

Forms should be returned to the address below by the following dates:

	Closing Date	For Projects Starting
Round 6	30th June 2010	September 2010
Round 7	31st January 2011	April 2011

Healthy Communities Fund
c/o QAHC
PO Box 1372
Eagle Farm BC Qld 4009
Or email: fund@qahc.org.au

Check list:

- ✓ All parts of form are fully completed
- ✓ Background information on the group/organisation included (if relevant)
- ✓ Certification has been signed and dated