Healthy Canberra Grants: Focus on Supporting Children & Families
Form Preview

Introduction

Thank you for your interest in Healthy Canberra Grants: Focus on Supporting Children & Families.

Before commencing your application we strongly encourage you to read the Healthy Canberra Grants: Focus on Supporting Children & Families Funding Guidelines. This document is available on the [ACT Health Promotion Grants Program's website](#).

If you have any questions about Healthy Canberra Grants: Focus on Supporting Children & Families please contact the ACT Health Promotion Grants Program at [hpgrants@act.gov.au](#) or 02 5124 9456.

Eligibility - general

* indicates a required field

Program location

Healthy Canberra Grants: Focus on Supporting Children & Families is for programs conducted in the ACT for ACT residents. If you cannot meet this requirement your application will be deemed ineligible and you should not proceed any further.

Will the proposed program be conducted in the ACT for ACT residents *
○   Yes
○   No (your application will be deemed ineligible and you should not proceed any further)

Organisation type

What type of organisation are you *
○   a not-for-profit organisation incorporated in the ACT under the Associations Incorporation Act 1991 (see Note 1 below)
○   a not-for-profit company limited by guarantee and incorporated under the Corporations Act 2001 (Commonwealth) (see Note 1 below)
○   a not-for-profit organisation with other legal status (please specify below) (see Note 1 below)
○   a non-government, not-for-profit approved early childhood education and care service
○   an unincorporated not-for-profit organisation in an auspice arrangement (see Note 2 below) with one of the above

Note 1: Not-for-profit

A not-for-profit organisation is an entity that is operating for its purpose and not for the profit or gain (either direct or indirect) of its individual members. The definition of not-for-profit applies both while the organisation is operating and if it closes down.

For more information about not-for-profit status visit:

- Australian Taxation Office - https://www.ato.gov.au/Non-profit/Getting-started/

- Australian Charities and Not-for-profits Commission - https://www.acnc.gov.au/for-charities/start-charity/not-profit

We may seek further information from you to confirm your not-for-profit status.

Note 2: Auspicing arrangements

An auspice is an organisation that accepts legal responsibility (including financial accountability) for a project. If your organisation is not a legal entity, you will need to arrange for an organisation that has a legal status to act as an auspice.

Other legal status details

If you are a not-for-profit with other legal status please describe that status here *

Please attach any documents that support this status
Attach a file:

Unincorporated not-for-profit organisation that will be auspiced

Please provide the details requested below about the unincorporated not-for-profit organisation that will be auspiced.

Please note that details about the auspicing organisation, which from this point forward will also be known as the applicant organisation, will be sought later in the application.

Name of the unincorporated not-for-profit organisation that will be auspiced *
Organisation Name

Name of the primary contact person for the organisation that will be auspiced *
Title   First Name   Last Name

Position title of the primary contact person for the organisation that will be auspiced *

Please write in full e.g. Coordinator

Phone number of the primary contact person for the organisation that will be auspiced *

Must be an Australian phone number.
If it is a landline please include the area code.

Email address of the primary contact person for the organisation that will be auspiced *

Must be an email address.

Website of the organisation that will be auspiced

Must be a URL.

Does the organisation that will be auspiced have any overdue reporting requirements for any previous ACT Government grants *

○ Yes (your application may be deemed ineligible so please provide more details below)
○ No

Details about overdue reports for previous ACT Government grants

Please attach evidence of the agreement between both parties that demonstrates that the auspicing organisation accepts all legal and financial responsibilities on behalf of the auspiced organisation for the delivery of the program *

Attach a file:

Eligibility - applicant organisation

* indicates a required field

Please note: For unincorporated not-for-profit organisations that will be auspiced you must answer these questions with information about your auspicing organisation as they are the applicant organisation.

Name of the organisation applying for funding *

Organisation Name

ABN of the organisation applying for funding *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity name

ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Public Liability Insurance

What level of Public Liability Insurance cover does your organisation currently have *
○   We have current Public Liability Insurance for a minimum of $10 million
○   We do not have Public Liability Insurance for a minimum of $10 million but have a quote for this amount

What is the expiry date of your organisation's current Public Liability Insurance *

Must be a date.

Attach a copy of your Public Liability Insurance documents i.e. a Certificate of Currency or quote
Attach a file:

Audited Financial Statements

Attach a copy of your organisation's most recent Audited Financial Statements
Attach a file:

Reporting for previous ACT Government grants

Does your organisation have any overdue reporting requirements for any previous or current ACT Government grants *
○   Yes (your application may be deemed ineligible so please provide more details below)
○   No

Details about overdue reports for previous or current ACT Government grants *

Contact Details - applicant organisation

* indicates a required field

Details of Chief Executive Officer or equivalent

The details provided here must be for the person with ultimate financial and management responsibility for the organisation. It cannot be the project officer, treasurer, finance manager etc unless it is explicitly stated that they have the same authority or are acting as the Chief Executive Officer or equivalent. This person will receive all official correspondence relating to the application.

Name of Chief Executive Officer or equivalent of the applicant organisation *

Title   First Name   Last Name

Position title of Chief Executive Officer or equivalent of the applicant organisation *

Please write in full e.g. Chief Executive Officer, President

Phone number of Chief Executive Officer or equivalent of the applicant organisation *

Must be an Australian phone number.
If it is a landline please include the area code.

Email address of Chief Executive Officer or equivalent of the applicant organisation *

Must be an email address.

Website of applicant organisation

Must be a URL.

Details of primary contact person

The details provided here are for the person the ACT Health Promotion Grants Program staff will contact for further information or clarification about any aspect of this application.

Name of primary contact person for the applicant organisation *

Title   First Name   Last Name

Position title of primary contact person for the applicant organisation *

Please write in full e.g. Project Officer

Phone number of primary contact person for the applicant organisation *

Must be an Australian phone number.
If it is a landline please include the area code

Email address of primary contact person for the applicant organisation *

Must be an email address.

Program Details

* indicates a required field

Please note that this is a single stage application process. The answers you provide from this point forward will form the basis of how your application will be scored, against set assessment criteria, by the assessment panel. The Funding Guidelines describe the assessment criteria more fully and you are strongly encouraged to refer to them when writing your application. Different criteria have different importance and the maximum potential score against each one varies accordingly.

Program name *

What is the expected start date for your program *

Must be a date and between 1/7/2022 and 30/9/2022.

What is the expected end date of your program *

Must be a date and between 1/7/2022 and 31/12/2024.

Description of your program

The following question asks you to provide a succinct description of your program. In your response you are encouraged to describe things such as the who, what, when, where and why of your program so that the assessment panel has a clear understanding of what you intend to do with the funding you are seeking.

Provide a succinct description of your program *

Word count:

Must be no more than 400 words.

How will your program focus on optimising the healthy development of children during the first 1,000 days of life (i.e. from conception to the end of a child's second year) *

Word count:

Must be no more than 400 words.

Provide a description of the population(s) your program is targeting *

Word count:

Must be no more than 400 words.

e.g. demographic characteristics, the health issues they experience, geographic location, specific needs etc.

Priority population groups: We know that some population groups have different health needs and priorities, and some experience the burden of disease greater than others. Healthy Canberra Grants: Focus on Supporting Children & Families will therefore give priority to programs that focus on one or more of the following population groups:

- Aboriginal and Torres Strait Islander people (the ACT Health Directorate supports initiatives that contribute to improving local Aboriginal and Torres Strait Islander People's health, consistent with the aims of the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028)
- young parents
- people with a physical or intellectual disability
- people with a mental illness

- people experiencing homelessness
- people living with domestic and family violence
- people who are lesbian, gay, bisexual, trans and gender diverse, intersex and/or questioning (LGBTIQ+)
- people from culturally and linguistically diverse communities

Provide a description about how your program will engage with or otherwise meet the health needs of one or more of the priority population groups mentioned above *

Word count:
Must be no more than 400 words.

Need: Why is there a need for this particular program with the target population, including the chosen implementation approach *

Word count:
Must be no more than 400 words.

Need: Please provide any evidence of consultation with the target population and other relevant stakeholders, service providers etc
Attach a file:

e.g. survey results, feedback from public meetings, forums, working groups etc

Reach: How many people will participate in or be targeted through your program *

Word count:
Must be no more than 400 words.
Please provide an actual number or a best estimate, including an explanation of how the figure was calculated

How will your program's activities use a target population-wide approach to improve the health and wellbeing knowledge, attitudes and behaviours of your target population *

Word count:
Must be no more than 400 words.

If you plan to deliver your program at an ACT school/s or in collaboration with them, please attach evidence that the school's management is aware of and supports the application
Attach a file:

e.g. email or letter of support from the Principal

Partnerships

* indicates a required field

Partnerships can bring additional knowledge and skills into a program to deliver a better outcome. They also allow for more efficient and effective use of resources. Partners could include other organisations or people with lived experience. Your application will be assessed against this criterion.

List your key partners here and describe the role each of them will have in your program *

If you do not have any partners please respond with N/A and include a brief rationale as to why

Attach evidence of your partners' commitment to your program and the role they will have in it
Attach a file:

e.g. an email or letter

Program Planning and Evaluation

Evidence of planned approach

Planning and evaluation is important for good program delivery and you will be assessed against this. Successful grants will have a program and evaluation plan, and the information you provide in this section will form the basis of that plan.

Objectives and Key Strategies

Please list your program's Objectives (i.e. WHAT you are trying to achieve) along with the Key Strategies you will use to achieve each Objective (i.e. HOW will you achieve your objectives) *

In regard to your Objectives it is recommended that you attempt to follow the SMART principle (Specific | Measurable | Achievable | Realistic | Time-framed)

Milestones

Milestones are the key events, activities etc that you intend to deliver as part of your program.

Please list the key milestones for your program, including dates *

Please ensure your key milestones commence no earlier than June 2022 and no later than December 2024.

Program delivery during times of restriction

COVID-19 has presented challenges to the delivery of a wide range of programs and activities. Please describe how the delivery of your program could be modified so that it could potentially be delivered in a restricted environment. *
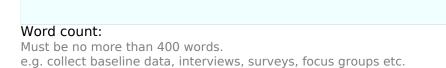
Word count:
Must be no more than 400 words.
e.g. via online workshops, delivered in smaller groups, sufficiently distanced, in an outdoor setting etc

Evaluation

Please read the ACT Health Promotion Grants Program Monitoring and Evaluation Framework when answering this question.

(Hint: If the hyperlink to the Framework does not work you can also right click on it and select the "Save link as..." option.)

How do you plan to collect and interpret relevant data to evaluate the program's impact *

Word count:
Must be no more than 400 words.
e.g. collect baseline data, interviews, surveys, focus groups etc.

Health Promotion Principles and Practices

* indicates a required field

Health promotion principles and practices relate to the way that you deliver your program, what strategies you may use and how you encourage participants to engage with your activities. This may relate to increasing health knowledge, attitudes and behaviours of participants or creating supportive environments to improve and maintain positive health. Please refer to the Funding Guidelines (*What makes an effective health promotion program?*) for more information.

Please describe the range of health promotion principles and practices that will be incorporated into the design and delivery of your proposed program *

Word count:
Must be no more than 400 words.

What health and wellbeing outcomes do you expect will continue beyond the funding period and how will you enable this to happen *

Word count:
Must be no more than 400 words.

Budget

Please note that value for money is one of the assessment criteria you will be scored against. Unrealistic or inflated budgets or budgets that have vague or insufficient detail will therefore score poorly. The assessment panel will compare value for money of each proposal. Efficiency, effectiveness and economy are key factors that will be considered.

In the table below, please provide an estimated breakdown of how you will spend the money you are requesting. For example, your budget could include:

- Salaries and superannuation (please provide a breakdown of this figure e.g. project officer X hrs per week for XX weeks)
- Materials (itemise major components)
- Marketing costs
- Administration (itemise major components)

** *Please select either the Add More or + button to insert additional rows so you can list each budget item.* **

Applications seeking substantial amounts for excluded activities and budget items, as outlined in the Funding Exclusions section of the Funding Guidelines, will not be assessed. Please refer to the Funding Guidelines for more information.

If you expect to use other sources of funding to help deliver this program do not include it in your budget. This information can be included in the budget table for other sources of funding for the program.

If you are registered for GST an extra 10% will be added to your grant payment.

Please note that funding must be sought for programs that:

- commence delivery between 1 July 2022 and 30 September 2022
- finish delivery no later than 31 December 2024

Budget

Budget Item Description	Amount (whole dollars)	Explanation as to how figure calculated
Select either the Add More or + button to insert additional rows so you can list each budget item.	Must be a whole dollar amount (no cents).	
	$	

Total budget amount

$

This number/amount is calculated.
What is the total financial support you are requesting in this application?

In this space please provide any additional detail to support, explain or clarify the budget items or amounts you are requesting

Please attach any quotes that verify your budget estimates
Attach a file:

Other Sources of Funding to Support the Proposal

Please list any other sources of financial support that you expect to contribute to this proposal and how you intend to use it. This includes any other grant funding that you have applied for or already received.

If you have more than one source of funding please select either the Add More or + button to insert additional rows so you can list each funding source.

Other sources of funding

Funding source	Amount (whole dollars)	Intended use of funds
Select either the Add More or + button to insert additional rows so you can list each budget item.	Must be a whole dollar amount (no cents).	
	$	

Total other sources of funding

$

This number/amount is calculated.

In-kind Support for the Proposal

Please describe any in-kind support for this proposal and provide an estimate of its monetary value. In-kind support means non-monetary contributions that are provided free of charge e.g. labour, goods, services, advertising etc.

If you have more than one source of in-kind support please select either the Add More or + button to insert additional rows so you can list each source of in-kind support.

In-kind support

Description of in-kind support	Estimated monetary value (whole dollars)
Select either the Add More or + button to insert additional rows so you can list each budget item.	Must be a whole dollar amount (no cents).
	$

Total In-kind support for the proposal

$

This number/amount is calculated.

Other Supporting Information

Is there any other information you think we need to know that may strengthen or support your case for funding

Word count:
Must be no more than 200 words.

Please attach any other supporting information as required.
Attach a file:

Declaration and Privacy Notice

* indicates a required field

Declaration by Chief Executive Officer or equivalent of the applicant organisation

This declaration is to be completed by the Chief Executive Officer or equivalent of the applicant organisation applying for the funding. This section provides evidence that the application has the endorsement of the organisation. By completing this section:

- I understand that all applications submitted to the ACT Health Promotion Grants Program are accepted in confidence.
- I am aware that the ACT Health Promotion Grants Program may liaise with other ACT Government agencies regarding this application.
- I certify that to the best of my knowledge the statements made in this application and any attachments are true.
- If I am claiming that my organisation is a not-for-profit entity for the purposes of this application, I declare that the organisation is a not-for-profit organisation as defined in this application form and I agree to provide a copy of the organisation's constitution if requested by the ACT Health Promotion Grants Program for the purposes of verification of not-for-profit status.
- I understand that if my organisation is successful in gaining funding from the ACT Health Promotion Grants Program that the organisation will be bound by the terms and conditions outlined in a Deed of Grant. These include but are not limited to:
  - *submitting a detailed Program and Evaluation Plan (prior to receiving funding)*
  - *ensuring financial accountability for the grant*
  - *ensuring current and adequate public liability insurance is in place*
  - *acknowledging the ACT Government as a funding source*
  - *completing an evaluation of the funded activity.*
- I understand that grant funding through Healthy Canberra Grants is time limited and for a specific purpose. If my organisation's application is successful I also understand that I should have no expectation that funding will be renewed beyond the grant period or that receiving a grant in any way represents a commitment to recurrent funding.

I am aware that a list of proposals funded through Healthy Canberra Grants will be made public *

○   If funded, I AGREE to allow the details of this proposal to be published
○   If funded, I DO NOT agree to allow the details of this proposal to be published

Name of Chief Executive Officer or equivalent of the applicant organisation *

Title   First Name   Last Name

Position title of Chief Executive Officer or equivalent of the applicant organisation *

Please write in full e.g. Chief Executive Officer, President

Date of completion of declaration *

Must be a date.

Privacy Notice

ACT Health, including the ACT Health Promotion Grants Program, collects, uses and discloses personal information in accordance with the *Information Privacy Act 2014* and the *ACT Health Privacy Statement*. To the extent that this form collects personal information, ACT Health will only use this information to contact you to discuss your organisation's grant application. ACT Health may share your information with other ACT Government agencies and third parties for the purpose of assessing your application. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law. Please also note that this form is provided to ACT Health via the SmartyGrants online grant management system. Personal information provided in this form may also be collected and used by SmartyGrants in accordance with the *SmartyGrants Privacy Policy*.