

COMMUNITY PARTNERSHIP GRANT APPLICATION FORM

Registered community groups, non-government organisations and education/health service providers located within the local government areas of Flinders University Rural and Remote Health SA (FRRHSA) are invited to apply for grants for amounts up to \$2,000. It is strongly recommended that applicants read the FRRHSA Community Partnership Grant Guidelines prior to completing this form. Grant Guidelines are available by emailing elspeth.radford@flinders.edu.au

Applicant Details	
Name of organisation, group or service provider	
ABN (if you have one)	Web address
Postal address (to receive correspondence regarding the outcomes of this application)	
Who is responsible for running the organisation, group or service provider?	
Name:	Position:
Phone:	
Email:	
Who can we contact to discuss this application (If different from above)?	
Name:	
Phone:	Mobile:
Email:	

Project Details	
Project title	
Project start date:	Amount requested:
Project end date:	Total project cost:
<i>(Please check this matches proposed budget)</i>	
What does your organisation do? <i>(Provide a brief outline focusing on who you are and what you do)</i>	
Concise summary of the project & why the work needs to be done? <i>(Identify the specific issue or need you want to address)</i>	
Project Detail <i>(The specific activities that will take place and where they will take place)</i>	

Who will benefit? *(The specific target population that will participate in and/or benefit from this project including number of people and region)*

What are the expected outcomes? *(What you want to achieve with the project - outcomes are the effects on local and rural regional communities arising from the project)*

If you haven't already done so in the above questions, **describe how your project corresponds with of the Community Partnership Grant** using the aims as described in the Community Partnership Grant Guidelines.

Who has been consulted in development of this project and who supports the proposal?
(Letters can be attached)

Proposed Financial Budget

 Outline your project budget. **The budget must balance (total income = total expenditure).**

INCOME	\$
Amount requested in this application	
Your cash contribution	
In-kind contributions <i>(include an estimated value for non-cash contributions such as services, equipment, time, and materials)</i>	
<u>TOTAL INCOME</u>	
EXPENDITURE	\$
<i>Breakdown of individual line items such as salaries, equipment, travel/transport, administration etc.</i>	
In-kind expenses <i>(include an estimated value for non-cash expenses such as services, equipment, time, and materials)</i>	
<u>TOTAL EXPENDITURE</u>	

Attachments**Please attach the following to your application:**

- Any other information to support your project

Grant Agreement

To be signed by the Chair or Chief Executive of the organisation and one other authorised person.

- I declare that I am currently authorised to sign legal documents on behalf of the organization.
- I declare that all the information provided in this application is true and correct.
- I understand that by submitting this application, I am accepting the conditions of the grant as outlined in the FURHSA Community Partnership Grant Guidelines.
- I give permission to the FRRHSA Community Grant Advisory Committee or Executive to contact any persons or organisation in the assessment of the application and understand that information may be provided to other organisations, as appropriate.

Signature:

Date:

Name:

Position:

Signature:

Date:

Name:

Position:

Grant applications must be lodged by email OR mail and be received or postmarked no later than 5.00pm on Friday 30 August 2024 or they will NOT be considered.

The completed Application together with supporting documentation should be emailed OR posted to:

The Community Grant Advisory Committee
Flinders University Rural and Remote Health SA
PO Box 852
Renmark SA 5341
elspeth.radford@flinders.edu.au

COMMUNITY PARTNERSHIP GRANT

CHECKLIST

HAVE YOU DONE THE FOLLOWING?	YES
➤ CHECKED that the Project Budget balances (total income = total expenditure)	
➤ APPLICATION has been signed by the Chair/Chief Executive of the organisation and person responsible for the project (if different to Chair/CEO)	
➤ INCLUDED Organisation ABN	
➤ NAME on this application matches the actual ABN Name	
➤ INCLUDED information on how the FRRHSA Community Partnership Grant program will be acknowledged during and after completion of the project.	
➤ If you have previously received a FRRHSA Community Partnership Grant, have you completed and returned a Project Report to The Community Grant Advisory Committee?	
➤ Ensured the application is lodged by email or mail and is postmarked/received no later than 5.00pm on Friday 30 August 2024. NO LATE APPLICATIONS WILL BE ACCEPTED INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED	