



Organ and Tissue Authority Community Awareness Grants Program

Application Form 2014-2015

Funding Round: September 2014

Closing date: Applications close at 5.00pm AEDT (Canberra Time) on Monday 20 October 2014

Note: All Applicants are advised to read the Organ and Tissue Authority's Community Awareness Grant Guidelines in detail before completing the Application Form.

A. Project details

Organisation name	
Project title	
Funding amount sought (whole dollars, GST Exclusive)	\$ (whole dollars, GST Exclusive)
Purpose of project	
Project start date	
Project end date	

This project proposal is for (please cross relevant box):

☐ General Community Engagement Activities

Or

☐ Culturally and Linguistically Diverse Community Engagement Activities

Are there any confidentiality issues which you consider to be detrimental to your organisation if details of this funding arrangement were reported on the Authority's website in accordance with the reporting requirements of the Commonwealth Grant Guidelines?

☐ Yes ☐ No

If yes please provide an explanation below:

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B. Applicant details and project team

Principal contact

Title	
First Name	
Last Name	
Organisation	
Position	
Postal Address	
Postcode	
Phone	
Fax	
Email	

Project Personnel

Name and position	Project role and responsibilities of each project officer, including summary of their relevant work experience

C. Eligibility requirements

Is your organisation one of the following:	<input type="checkbox"/> Non-government organisation <input type="checkbox"/> Professional body <input type="checkbox"/> Being auspiced
Do you or your auspicing organisation have any outstanding reporting requirements (acquittals, evaluations and audited financial statements) for any previous Organ and Tissue Authority grants?	<input type="checkbox"/> Yes, provide details below <input type="checkbox"/> No
Does your organisation have the required levels of insurance?	<input type="checkbox"/> Yes – attach insurance statements to application <input type="checkbox"/> No – provide a statement below that you are willing to obtain required insurance if successful in this funding round

D. Organisation that will manage funds

Organisation Name	
Legal Status	<input type="checkbox"/> Australian Public Company <input type="checkbox"/> State Government Entity <input type="checkbox"/> State Government Statutory Authority <input type="checkbox"/> Other Incorporated Entity <input type="checkbox"/> Other Unincorporated Entity <input type="checkbox"/> Australian Private Company <input type="checkbox"/> Other, please specify _____ <input type="checkbox"/> None
Other Registrations	<input type="checkbox"/> Charitable Institution <input type="checkbox"/> Deductible Gift Recipient <input type="checkbox"/> Health Promotion Charity <input type="checkbox"/> Public Benevolent Institution <input type="checkbox"/> Other, please specify _____ <input type="checkbox"/> None
ABN	
GST Registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal/CEO or equivalent official head of organisation	Title: First Name: Last Name:
Postal Address	
Postcode	
Street Address (if different to postal address)	
Postcode	
Phone	
Fax	
Email	

E. Project proposal

Note: Please refer to the focus and criteria identified within the Community Awareness Grant Guidelines (pages 3-7 and 10-11) when completing your application.

1. Project Summary

Provide a summary of your project, including the purpose of the project, and state what you are seeking funding for (*maximum six lines*).

2. Timeline

Please list all key dates and timeline of deliverables, including end of project report and evaluation.

3. Project aim, objectives and outcomes

Please include a statement to support your application that addresses each of the below three points (*maximum one page*):

- Aims and objectives of your project
- How your project activities are aligned with the national DonateLife community awareness and education program awareness and/or education
- The key outcomes your project will deliver

4. Rationale for Project

What is the identified need for your project? Why is this project a priority for your organisation?

5. Target Group(s)

Which population and age group/s will this project target, and how will the project effectively achieve this? *Please list specific group/s or state general population and key engagement tactics to be used*

6. Project partners

Will your organisation partner with any other organisations? If so, provide details including their role in delivery of the project. *You must include a letter of confirmation for any identified project partners with this application.*

7. Value for money

Please indicate how your project will represent value for money and how the funding will achieve the objective of the grants program (*section 2 of guidelines*). Include what are the key project outcomes to be achieved and the reach and impact of the project.

What will be the ongoing effect of your project after the funding period?

Will the project be continued after the funding period? If so, how will it be funded?

8. Similar project experience

Please provide details other government funded or similar projects you have implemented and the key project outcomes that were achieved.

9. Risk Management	
Please identify any potential risks or sensitivities (including actual or potential conflicts of interest) associated with the project and how these will be managed	
Potential risk or conflict	Management of the risk

F. Project need

10. How will your project be evaluated?
What are the key achievements (minimum of three) your project will deliver to meet the aim and objectives of your project, and what are the specific measures or targets that will be used to demonstrate how your project achieved this?
How will you evaluate your project? What tools will you use?

G. Project promotion and funding acknowledgement

11. What activities will you undertake to promote your project?

- | | |
|---|--|
| <input type="checkbox"/> Media releases | <input type="checkbox"/> Media interviews |
| <input type="checkbox"/> Our website | <input type="checkbox"/> Other websites |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Paid advertisements |
| <input type="checkbox"/> Free advertisements | <input type="checkbox"/> Event launch |
| <input type="checkbox"/> Newsletters | <input type="checkbox"/> Mail-outs |
| <input type="checkbox"/> Signage | |
| <input type="checkbox"/> Other (please describe): | |

Please provide your proposed media and promotions strategy:

12. Grant acknowledgement

I have read the Organ and Tissue Authority's Community Awareness Grant Guidelines and the Acknowledgement Guidelines

☐ Yes ☐ No

I confirm that our organisation will comply with the requirements for acknowledgement as specified in Item H – Acknowledgement of the sample Funding Agreement and the Acknowledgement Guidelines

☐ Yes ☐ No

I understand that a minimum of two working days should be provided to the Organ and Tissue Authority for approval of all project material produced under this project and that this is our organisation's responsibility.

☐ Yes ☐ No

How will you promote the DonateLife brand and messaging through your project activities and materials? Please specify:

13. Additional Information

Is there any other information that may support your application?

H. Project budget

The project budget must be realistic and detailed. It must clearly outline the main components of the project.

When completing the budget:

1. Clearly state all proposed costs for your proposal in this table.
2. Include the itemised breakdown for major items of administration costs, equipment and/or materials for which you are seeking funding.
3. Financial or in kind contributions to be provided by the applicant or via other contributions must be clearly identified and supported where possible through letters of support from other contributors.

Table 1

Community Awareness Grants Program Income	
\$	
Community Awareness Grants Program Expenditure	
Use whole dollars only (GST Exc.)	Activity (Itemise all expenditure in as much detail as possible)
\$	
\$	
\$	
\$	
\$	
\$	Total A

Table 2

Other Funding Sources Income	
\$	
GST excl	Other Funding Sources Expenditure
\$	
\$	
\$	
\$	
\$	Total B
Grand Total Project Expenditure (GST Exc): \$ (total A + B) (Must equal Organ and Tissue Authority Grants Program Expenditure and Other Funding Sources Income)	

Table 3

GST Excl.	In kind support	
	Provide details of any in kind support contributing to this project	
Provider	\$ Amount	Description
	\$	
	\$	
	\$	

Previous funding details

Please complete if your organisation received funding from the Community Awareness Grants Program in 2013-2014, 2012-2013, 2011-2012, 2010-2011, 2009-2010 or 2008-2009.

Project title and date	Amount funded through Community Awareness Grants	Other funding sources	Project Outcomes

Please provide details of any previous failures by the organisation to adhere to grant requirements or occasions when the organisation has had allocated funding withdrawn.

☐ Not Applicable

Date	Details

Privacy and Freedom of Information and Declaration

Full lists of grant recipients will be published on the Authority's website and in the Authority's Annual Report. We may also publicise grant recipients in other publications. If your organisation is successful in obtaining a grant, the organisation will be required to acknowledge the support of the Authority in all related organisational publicity.

In accordance with *the Freedom of Information Act 1992*, any information held by the Authority, including your application is accessible by you. Whilst the information you present to us is treated as confidential, staff and individuals who help us to assess and monitor grants may see it. The information you supply may also be made available to those assessing any other grant applications that your organisation makes.

Data held in the Authority's system may be used for statistical reporting, application assessment, media inquiries, accounting purposes and for contacting you. The details of all successful grants will be public information. However, any personal details will only be accessible by our staff, appointed auditors and individuals or organisations that may help us assess or monitor grants.

If you are successful in gaining funding from the Community Awareness Grants Program you need to recognise that there are certain expectations such as financial accountability, public liability insurance requirements and evaluation and monitoring requirements.

Declaration by Principal/Chief Executive Officer or equivalent (of applicant OR of auspicing agency)

I, the undersigned on behalf of the organisation listed below, certify that:

1. I have read the Community Awareness Grants Program Guidelines.
2. The information in this application is true to the best of my knowledge and any supporting material is my own work or the work of employees of the organisation.
3. All of the information provided in this application and any attachments is true and correct.
4. I am aware that action may be taken to recover any grant payment made where information provided in this application is subsequently found to be false or misleading or where the grant received is not used entirely for the purpose(s) for which it is approved.
5. I understand the staff of the Organ and Tissue Authority may contact other government agencies in relation to this application.
6. I have read and understand the section on Privacy and Freedom of Information and accept these terms.

X _____
Signature Date:

Printed Name

Organisation

Position in organisation

X _____
Signature Date:
(from Auspicing Agency, if applicable)

Printed Name

Auspicing Agency (if applicable)

Position in Auspicing Agency (if applicable)

Application checklist

	YES	NO	N/A
We have read the COMMUNITY AWARENESS GRANT GUIDELINES			
We have read the COMMUNITY AWARENESS GRANT ACKNOWLEDGEMENT GUIDELIENS			
We have read the sample Funding Agreements			
All sections of the APPLICATION FORM have been answered.			
The BUDGET has been completed according to the template provided.			
PREVIOUS FUNDING DETAILS have been provided.			
The DECLARATION has been signed by the Principal/Chief Executive Officer or equivalent.			
We have attached copies as listed under INSURANCE REQUIREMENTS:			
<ul style="list-style-type: none"> Workers' compensation insurance 			
<ul style="list-style-type: none"> Public Liability insurance (\$10 million) 			
<ul style="list-style-type: none"> Professional Indemnity insurance (\$1 million) 			
We have attached a list of other sources approached or intended for further funding.			
All supporting material is labelled with our details.			
We have kept a copy of the application for our records.			
Our application is not bound, stapled OR double sided.			
A hard copy AND electronic copy (Word format) have been provided. Note – a pdf of the signed declaration can be provided.			

Application process survey

The Organ and Tissue Authority Community Awareness Grants Program makes every effort to make the application process simple, clear and easy to understand. We would greatly appreciate your co-operation in completing this survey – anonymously – so we can make further improvements as appropriate in future rounds.

Please answer honestly and do not identify yourself on this form. We encourage you to mail in this sheet separately from your application. The information you provide will not be used to assess your application in any way.

1. How did you find out about the Organ and Tissue Authority Community Awareness Grants? (Tick the main source of information)

- ☐ Direct email from the Organ and Tissue Authority
☐ DonateLife Website
☐ DonateLife State Agency
☐ Other (please specify)
-

2. a) Are the guidelines and application form clear and easy to understand?

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

b) Were any particular questions on the application form confusing or difficult to answer?

- ☐ Yes ☐ No

If yes, please specify which question(s) and tell us what was difficult about the question.

3. Did you participate in the teleconference briefing session?

- ☐ Yes ☐ No

If yes, please indicate on a five point scale how useful the session was in assisting you complete the application form (where 1 is 'highly useful and 5 is 'not useful at all'):

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Did you have difficulty accessing the guidelines or application form electronically?

- ☐ Yes ☐ No

5. Was the time frame between the announcement of funding and application date sufficient?

- ☐ Yes ☐ No

6. **Please supply any general feedback on the Organ and Tissue Donation Community Awareness Grants application process.**

Mail to: **Grants Manager**
Organ and Tissue Authority
GPO Box 295
CIVIC SQUARE ACT 2608