

# Organ and Tissue Authority Community Awareness Grants Program

## Application Form

### 2019 Funding Round

**Completed application with all necessary attachments should be emailed to [grants@donatelife.gov.au](mailto:grants@donatelife.gov.au) prior to closing date and time.**

**Closing date: Applications close at 10:00 am AEDST (Canberra Time) on Thursday 14 March 2019**

*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 (no more than 10 words)	
Funding amount sought (whole dollars, GST Exclusive)	\$ (whole dollars, GST Exclusive)
Project summary (no more than 6 lines, focus on the purpose of the project)	
Project start date	
Project end date	

**This project proposal is for (please cross relevant boxes):**

- ☐ Community engagement based events and activities conducted during DonatLife Week 2019 (Sunday 28 July to Sunday 4 August 2019) to encourage family discussion and online registration on the Australian Organ Donor Register at [www.donatlife.gov.au](http://www.donatlife.gov.au).

**And / Or**

- ☐ Targeted community awareness or education projects which increase Australians' knowledge of the benefits of donation and transplantation, and encourage family discussion and online registration at [donatlife.gov.au](http://donatlife.gov.au), and which are consistent with the National Community Awareness and Education Program.

**Are there any confidentiality issues which you consider to be detrimental to your organisation if details of this funding arrangement were reported on the Organ and Tissue 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	
Email	

### Project Personnel

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

### Project Partners

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

## C. Eligibility requirements

<b>Is your organisation one of the following:</b>	<input type="checkbox"/> Non-government organisation <input type="checkbox"/> Professional body <input type="checkbox"/> Being auspiced
<b>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?</b>	<input type="checkbox"/> Yes, provide details below <input type="checkbox"/> No
<b>Is your organisation financially viable?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is your proposal <u>Not</u> for Profit?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does your organisation have the required levels of insurance?</b>	<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
<b>Does your organisation’s proposal contain any of the following expenses:</b> <ol style="list-style-type: none"> <li>1) Similarity to projects already provided for by the Commonwealth.</li> <li>2) Capital equipment or Capital works</li> <li>3) Other activities which benefit individuals or groups or communities</li> <li>4) Production of Resources</li> <li>5) Administrative expenses</li> </ol> <p>Please see page 8 of the guidelines for further information.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide a statement (no more than 6 lines) as to how these costs are directly and exclusively associated with the proposed project?

## D. Organisation that will manage funds

<b>Organisation Name</b>	
<b>Legal Status</b>	<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
<b>Other Registrations</b>	<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
<b>ABN</b>	
<b>GST Registered?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Principal/CEO or equivalent official head of organisation</b>	Title: First Name: Last Name: Position:
<b>Phone</b>	
<b>Email</b>	
<b>Postal Address</b>	
<b>Postcode</b>	
<b>Registered Street Address (if different to postal address)</b>	
<b>Postcode</b>	

## E. Project proposal

*Note: Please refer to the focus and criteria identified within the Community Awareness Grant Guidelines when completing your application.*

### 1. 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
- Key activities and timelines
- The key outcomes your project will deliver

## **2. 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. You need to detail the identified need for your project and demonstrate how the project will address this need. (*maximum one page*):

## **3. Nationally consistent community awareness and/or education**

Please clearly define the target group/s your project will engage and how the proposed activities will achieve effective engagement, including the key engagement tactics you will use.

**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? What tools will you use to evaluate your project?**

**4. Promotional and educational opportunities**

**Please provide your proposed media and promotions strategy to demonstrate how the project will deliver achievable and appropriate promotional publicity opportunities in support of the work of Organ and Tissue Authority and specifically the 2018 Community Awareness Grant Round.**

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

**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) below. |  |

**Other**

**5. Capacity of the organisation and similar experience**

Please demonstrate how your organisation has the capacity to successfully manage the project and fully comply with the Acknowledgement Guidelines. Please provide details of other government funded or similar projects you have implemented and the key project outcomes that were achieved.



**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

**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

## F. 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.

6. 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

7. 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)	

8. Table 3		
GST Excl.	In kind support	
	Provide details of any in kind support contributing to this project	
Provider	\$ Amount	Description
	\$	
	\$	
	\$	

## G. Additional Information

### 9. Previous funding details

Please complete if your organisation has received funding from the Community Awareness Grants Program.

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

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

### 10. Additional Information

Is there any other information that may support your application?

## 11. Privacy and Freedom of Information and Declaration

Full lists of grant recipients will be published on the Organ and Tissue Authority's website and in the Organ and Tissue 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 Organ and Tissue Authority in all related organisational publicity.

In accordance with *the Freedom of Information Act 1992*, any information held by the Organ and Tissue 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 Organ and Tissue 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 GUIDELINES			
We have read the sample FUNDING AGREEMENT			
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"> <li>Workers' compensation insurance</li> </ul>			
<ul style="list-style-type: none"> <li>Public Liability insurance (\$10 million)</li> </ul>			
<ul style="list-style-type: none"> <li>Professional Indemnity insurance (\$1 million)</li> </ul>			
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.			