



# Helping Hands Mission Inc.

## Community Grants Applications Form

**Application Closing Dates:** Close of business on Friday 1<sup>st</sup> December, 2017.

**Funding:** You may apply for a grant up to \$3000.

**Focal Areas:** Projects should aim to make a positive difference to the Inglewood and Bridgewater on Loddon communities.

**Late submissions:** Applications that are late, incomplete or ineligible will not be considered.

**More information:** If you have any questions regarding the application process, please contact the Helping Hands Mission Inc. office on 1300 892 010 or visit our website at <http://www.helpinghandsmission.org.au>.

### Eligibility:

To be eligible to apply for a Helping Hands Mission Inc. Community Grant, you must:

- Be a registered or incorporated not-for-profit organisation
- Be based in or work to support the Bridgewater on Loddon or Inglewood communities
- Hold Public Liability Insurance to the value of \$10 million (minimum). Certificate of Currency required.
- Have a project that will take place between 1 January, 2018 – 30 June, 2018.

## **Project Details**

**Project Title:**

**Project Start Date:**

**Project End Date:**

**Amount Requested:**

**Total Project Cost:**

**Is this a new or existing project?**

## **Applicant Details:**

**Full registered name of organisation:**

**Australian Business Number (ABN):**

**Is your organisation registered for GST?**

**Address:**

**Postal Address:**

**Name of Authorised Representative (CEO or Manager):**

**Position:**

**Phone Number:**

**Mobile:**

**Email:**

**Name of contact person for the project:**

**Position:**

**Phone Number:**

**Email:**

**Website:**

***Please tell us about your organisation.***

**Main Purpose:**

**Number of employees:**

**Number of volunteers/members:**

**Revenue in most recent financial year:**

**Main revenue sources:**

Note: we will request a copy of your latest financial statements if your application is shortlisted.

## 2. Project Description

**2.1** Summarise the project you are seeking funding for in one sentence. **(max. 30 words)**

**2.2** Now describe the project in more detail. What will you do with the funding, including the specific activities that will take place? **(max. 300 words)**

## 3. Rationale

**3.1** Please explain why you think this project is important to the residents of Bridgewater and Inglewood?

## 4. Beneficiaries

4.1 How many people do you expect to participate in or benefit from this project?

4.2 Who will the project participants/beneficiaries be?

4.4 Tell us more about the people who will benefit both directly (the participants) and indirectly from this project and how your organisation will engage these people. **(max. 200 words)**

## 5. Implementation Plan

Complete the table below to outline how you plan to deliver your project, and when each milestone will occur. It is important to include enough detail to demonstrate the critical elements of project planning have been considered. Key Performance Indicators should be specific and measurable (e.g.: 50 participants enrolled or 4 workshops delivered).

| <b>Milestone or Activity</b> | <b>Key Performance Indicator</b> | <b>Time frame</b> |
|------------------------------|----------------------------------|-------------------|
|                              |                                  |                   |
|                              |                                  |                   |
|                              |                                  |                   |
|                              |                                  |                   |
|                              |                                  |                   |

## 6. Outcomes

**6.1** List the three main outcomes you expect to achieve. Outcomes are the effects on the participants resulting from their involvement in the project. **(max. 200 words)**

**6.2** How will you know if these outcomes have been achieved? **(max. 200 words)**

## 7. Evaluation

Will the project be evaluated and who will conduct the evaluation? **(max. 300 words)**

*Note: We do not expect all projects to be formally evaluated, particularly smaller grants requests.*

## 8. Sustainability

Will your project continue beyond the 12 month funding period? If so, demonstrate how the program will be sustainable following the expiration of our funding. **(max. 250 words)**

## 9. Acknowledgement

Describe any potential opportunities for acknowledgement of Helping Hands Mission Inc.'s support of this project should it be successful in receiving grant funding. This may include promotion via media, internet, newsletters, branding or events. **(max. 200 words)**

## 10. Referees

Provide details of two (2) referees that are able to comment either on the need for the project you are proposing, or your organisation's ability to deliver the project.

### Referee 1

Contact Name:

Organisation:

Position:

Phone:

Email:

### Referee 2

Contact Name:

Organisation:

Position:

Phone:

Email:



## 11. Budget

The budget is critical to the consideration of your grant application. It is important that you be as specific and as accurate as possible.

|  |    |
|--|----|
| Amount sought from Helping Hands Mission Inc.  | \$ |
| Cash contribution from the applicant organisation  | \$ |
| Confirmed funding from other foundations, governments or outside sources                   | \$ |
| Applied for but unconfirmed funding from other foundations, governments or outside sources | \$ |
| Projected income to be generated from the project (if any):                                | \$ |
| Other sources of income relevant to the project  | \$ |
| In-kind contributions  | \$ |

## 12. Declaration

This declaration and consent is required for all Community Grant Applications submitted to Helping Hands Mission Inc.

This declaration and consent must be made by a person from the organisation submitting the Community Grant Application who has appropriate authority (such as Chief Executive Officer, Director, Chairperson or President) to declare and consent to the matters required. In my capacity with the organisation submitting the Community Grant Application,

### I declare that:

- The information supplied to Helping Hands Mission Inc. is, to the best of my knowledge, accurate and complete.
- The organisation, on behalf of which the application is submitted, supports the Grant being sought, the program as outlined, and is aware of, and agrees to, the Grantee terms and conditions that will apply.
- Helping Hands Mission Inc. will be notified of any change to details provided and will be advised of any circumstances that may affect the accuracy of the Community Grant Application submitted.
- It is understood that the organisation, if successful in its Community Grant Application, will be required to enter into a written grant agreement with Helping Hands Mission Inc. before any grant can be made. Helping Hands Mission Inc. terms and conditions will be reflected in the grant agreement.
- To enable details of the Community Grant Application to be confirmed, and to facilitate the processing of the application by Helping Hands Mission Inc., I consent to Helping Hands Mission Inc. contacting any relevant persons or organisations about the application and to providing copies of the application to such third parties as may be necessary from time to time.

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signed:**

X

\_\_\_\_\_

**Date:** \_\_\_\_\_