**Funding Application** <insert company name>

# Introduction and Background

The Central Queensland Medicare Local (CQML) Healthy CQ Grants Fund is a one-off grants program to support the strategic intent of the organisation in keeping people well and out of hospital.

The Healthy CQ Grants Fund is directed towards projects or activities that will address the findings of the Needs Assessments conducted in 2012/2013 and 2013/2014 by CQML to assist us gain a good understanding of the region.

The number one issue we face in this region is the fact that 2 in 3 adults in CQ are overweight or obese and a lack of exercise coupled with poor nutrition was highlighted as contributing factors to poor health. Research has shown that all these are risk factors for chronic disease so it is not surprising that 85,000 people in the region suffer from one or more chronic disease.

Diabetes, heart disease and mental health were all in the top 10 of higher than average disease levels in CQ and results of an on line health survey in 2013 highlighted that access to services and a lack of transport were major concerns.

The findings of the initial Needs Assessment are directing the work of CQML for the 2013/2014 year with obesity, cardiovascular disease, diabetes and mental health as the four priority areas and older people, children and families, Aboriginal and Torres Strait Islander Peoples and Culturally and Linguistically Diverse people being the major target groups.

To support improved outcomes in line with the Needs Assessment, CQML have specified three priority areas. All of the projects may focus on individuals, their families or carers or on the communities in which they live across all priority areas.

In addition, while the Healthy CQ Grants are designed to enable new and innovative projects and initiatives to be funded, consideration will be given to enhancement of existing programs, proven projects that are not currently funded and research into areas not currently being evaluated.

In addition, preference will be given to projects that are developed as a partnership between two or more organisations.

## PRIORITY AREA 1 – Making a difference in diabetes, cardiovascular health, or tackling obesity

Three project fund grants of up to $20,000 (ex GST)each will be provided to organisations or partnerships to undertake innovative projects that aim to reduce the incidence or severity of diabetes, cardiovascular disease or obesity. These projects can encompass clinical services, preventative health initiatives, research, community engagement or health promotion activities but should address the needs of one of the identified priority target groups.

## PRIORITY AREA 2 – Supporting the Partners in Recovery Program (PIR) - Mental Health

PIR aims to support people with severe and persistent mental illness with complex needs and their carers and families, by getting multiple sectors, services and supports they may come into contact with (and benefit from) to work in a more collaborative, coordinated and integrated way.

Throughout the region, in a partnership/consortium arrangement with CQML and funded through the PIR program, various organisations have employed Support Facilitators (SFs). The Support Facilitators work individually with clients and their families to connect them to the health and social services they need.

A minimum of three projects of up to $30,000 (ex GST) each will be funded to organisations for innovative ideas to support the uptake of PIR for clients who are ‘hard to reach’. These are people with a severe and persistent mental illness who may be homeless, disengaged from the service system or socially isolated.

Preference will be given to projects that are developed as a partnership between two or more organisations but consideration will be given to existing services or programs to extend their service model to include strategies to connect people into the program to ensure they receive appropriate care.

## PRIORITY AREA 3 – Indigenous Health

Over 6% of the resident population of Central Queensland are Aboriginal or Torres Strait Islander people and research has shown their general level of health is lower than that of non Indigenous residents. In particular Aboriginal and Torres Strait Islander peoples suffer a higher rate of chronic disease than other populations.

The Institute of Health and Welfare in a report published in 2011 listed the following as the major causes of the health gap between Indigenous and non Indigenous Australians.

* Heart diseases
* Diabetes
* Liver diseases
* Chronic lower respiratory disease
* Cerebrovascular diseases, such as stroke
* Cancer.

Two project fund grants of up to $20,000 (ex GST) each will be provided to organisations and partnerships for projects which are aimed to reduce or mitigate the incidence of one or more of these chronic diseases in Aboriginal or Torres Strait Islander people residing in CQ.

These projects can encompass clinical services, preventative health initiatives, research, community engagement or health promotion activities but should only be directed to the needs of Aboriginal and Torres Strait Islander people.

# Instructions to Applicants

Before you begin, please read the Healthy CQ Grants Fund Funding Guidelines paying particular attention to the eligibility criteria and assessment criteria.

Applicants must complete all relevant sections of the application form, including the checklist and declaration.

**Applications must be received by Friday 30th May 2014 by COB 4:30pm**

Applications must be typed in this template and submitted electronically via the online submission portal accessible via the Healthy CQ Grants Funding webpage on the CQML website <http://www.cqmedicarelocal.com/#!healthy-cq-grants-fund/c1nwl>

To ensure a fair and transparent process for all applicants we ask that all questions and queries be sent via email so that the responses can be made available on CQML website to all potential applicants.

**E-mail:** grants@cqmedicarelocal.com

**Web:** [www.cqmedicarelocal.com](http://www.cqmedicarelocal.com)

## Application requirements:

* A complete application form
* Letters of support (if applicable)
* Evidence of legal entity status (eg. Certificate of Incorporation)
* Evidence of current Public Liability Insurance (eg. Certificate of Currency)
* Copies of information providing evidence of project needs (if available)
* Evidence of Goods and Services Tax (GST) status and registration date.
* Certificate of Indemnity Insurance – up to the value prescribed in the Service Agreement arising from any one event.
* Evidence of Workers Compensation Insurance (Workcover).
* Audited financial statements for the last two financial years, including:
	+ Profit and loss statements
	+ Balance sheets
	+ Cash flow statements
	+ Current cash at bank.

# 1. APPLICANT CONDUCTING THE PROJECT

Is the project being conducted in the Central Queensland Medicare Local geographical region?
*(place a cross ‘X’ in the answer box)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | No |  | *You are ineligible for funding* |

What category are you applying for?
*(place a cross ‘X’ in the answer box)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Priority 1 |  | Priority 2 |  | Priority 3 |  |  |

## 1.1 ORGANISATIONAL DETAILS

*In this section you are required to provide information about your organisation/business or if you are submitting this application under the auspices of an organisation you are asked to supply information on the sponsor organisation.*

### About your organisation

Within which of the following local government areas (LGAs) is your organisation based?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gladstone Regional Council LGA  |  |  | Rockhampton Regional Council LGA  |  |  |
|  |  |  |  |  |  |
| Banana Regional Council LGA |  |  | Central Highlands Regional Council LGA |  |  |
|  |  |  |  |  |  |
| Livingston Shire Council LGA |  |  | Woorabinda Council LGA |  |  |
|  |
| **Organisation details** *(Refer Application Guidelines item 2)* |
|  |
| Registered Organisation Name:  | Street Address:*(do not include if the organisation is a secure facility e.g. a women’s refuge)*  |
|  |  |
|  |  |
| Trading Name of Organisation: *(if different from above)*  | Postal Address: *(If different from street address)*  |
|  |  |
|  |  |
| ABN: | Email Address: |
|  |  |
|  |  |
| Is the organisation registered for GST? | Website: *(If applicable)* |
| Yes [ ]  No [ ]  |  |
|  |  |
|  | Telephone: |
|  |  |

## 1.2 CONTACT DETAILS

In this section you are required to provide contact details of your authorising officer and key project contact person.

### 1.2 (a) Principal Contact Person

The principal contact person is the person who is legally authorised to enter into Service Agreements on behalf of your Legal Entity or the auspicing organisation. The principal contact must complete the declaration at the end of this application and will be required to sign a Central Queensland Medicare Local Service Agreement for the Provision of Funding if your application is successful. Note: For incorporated organisations this is generally an office bearer of the management committee eg. Chairperson, President, Secretary or CEO.

|  |  |
| --- | --- |
| Authorised contact name:  | Position Title: |
|  |  |
|  |  |
| Email: | Landline Telephone: |
|  |  |
|  |  |
| Mobile |  |
|  |  |
|  |  |

1.2 (b) Project Contact Person *(if different from above)*

This is the person who knows most about the project. Generally this would be the manager of the applicant or implementing organisation or the project manager and the person who CQML would liaise with on issues related to the project if your application is successful.

|  |  |
| --- | --- |
| Authorised contact name:  | Position Title/Relationship to project: |
|  |  |
|  |  |
| Email: | Landline Telephone: |
|  |  |
|  |  |
| Mobile |  |
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## 1.3 INSURANCE

Does the applicant organisation (or sponsor) hold a minimum $20 million Public Liability Insurance?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | *Please provide a Certificate of Currency as evidence* | No |  | *You are* ***ineligible*** *for funding* |

## 1.4 STATEMENT OF CAPABILITY

Provide a brief summary of the kind of work your organisation usually performs.

*(max 200 words)*

Provide a brief summary of the kind of work the sponsor organisation usually performs.

*(Leave blank only if you do not have a sponsor organisation)*

*(max 200 words)*

# 2. PROJECT DETAILS

In this section, you are required to provide specific details on the proposed project, including what your project aims to achieve and timeframe. For further information, refer to the Healthy CQ Grants Fund Funding Guidelines

## 2.1 PROJECT TITLE

|  |
| --- |
|  |

## 2.2 DATES

Please note that applications should be for projects commencing after 1 July 2014 and MUST be completed by 30 June 2015. Please ensure your project timeframe allows for the completion of all elements of your Project Plan.

***Note:*** *Projects that cannot be completed prior to 30 June 2015 will be INELIGIBLE for funding.*

|  |  |
| --- | --- |
| What is the expected starting date of your project? | What is the expected end date of your project? |
|  |  |

## 2.3 TOTAL FUNDING

What is the total funding amount sought for your project?

*The total amount requested from the Healthy CQ Grants Fund can be up to $20,000 (GST exclusive) or $30,000 (GST exclusive) for Priority 2.*

Please note that any funding that remains unspent as at 30 June 2015 must be returned to CQML.

|  |
| --- |
| **$** |

*Please check that this is the same amount as stated in the total budget item description table (page 17). Enter figure as a whole dollar amount only*

## 2.4 PARTNERING AND COLLABORATIVE ARRANGEMENTS

If working in a partnership please outline other groups, organisations or people who will be involved in the project and briefly describe their involvement or role.

*Please provide organisational details of the Partners:*

|  |
| --- |
| **Partner 1 Organisation details**  |
|  |
| Registered Organisation Name:  | Street Address:*(do not include if the organisation is a secure facility e.g. a women’s refuge)*  |
|  |  |
|  |  |
| Trading Name of Organisation: *(if different from above)*  | Postal Address: *(If different from street address)*  |
|  |  |
|  |  |
| ABN: | Email Address: |
|  |  |
|  |  |
| Is the organisation registered for GST? | Website: *(If applicable)* |
| Yes [ ]  No [ ]  |  |
|  |  |
|  | Telephone: |
|  |  |

|  |
| --- |
| **Partner 2 Organisation details**  |
|  |
| Registered Organisation Name:  | Street Address:*(do not include if the organisation is a secure facility e.g. a women’s refuge)*  |
|  |  |
|  |  |
| Trading Name of Organisation: *(if different from above)*  | Postal Address: *(If different from street address)*  |
|  |  |
|  |  |
| ABN: | Email Address: |
|  |  |
|  |  |
| Is the organisation registered for GST? | Website: *(If applicable)* |
| Yes [ ]  No [ ]  |  |
|  |  |
|  | Telephone: |
|  |  |

Provide details of the proposed or existing governance arrangements for the collaborative or partnering arrangement.

*(max 300 words)*

# 3. PROJECT DESCRIPTION

Provide a brief description of the project

*(max 200 words)*

## 3.1 PARTICIPANTS

What is the anticipated number of participants targeted by the project?

## 3.2 RESULTS

### What results do you expect to achieve?

How will the project contribute to health improvements in the identified priority area?

*(max 200 words)*

## 3.3 PROJECT RATIONALE

What is the community need, issue or gap that your project will address?

Please provide evidence that is specific and relevant to your community target group including evidence of consultation with community where applicable.

|  |
| --- |
| *(max 200 words)* |

## 3.4 PROJECT OBJECTIVES

List up to three key objectives your project is designed to achieve and indicate what measures you will use to determine whether the project has achieved the objectives

|  |  |
| --- | --- |
| **Objective** | **Measure/milestone/outcome** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

## 3.5 LOCATION

Within what part of the Central Queensland Medicare Local catchment is your project based?

|  |
| --- |
|  |

# 4. PROJECT MANAGEMENT

How will the project be managed?

*(max 200 words)*

## 4.1 EVIDENCE OF PLANNED APPROACH

Using the table provided, list the specific steps that will be undertaken to complete the project and when they will be completed. *Please list only those activities that will be undertaken during the funded project period.*

|  |  |
| --- | --- |
| **Activity/milestones***eg. Hold community education event* | **Expected date of achievement***eg. March 2014* |
|  |  |
|  |  |
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# 5. EVALUATION

How do you plan to collect information and analyse information to evaluate and report the gains, outcomes and learnings of the project?

*(max 300 words)*

# 6. SUSTAINABILITY

Describe how the benefits of this project will continue beyond the end of the funding period.

|  |
| --- |
| *(max 200 words)* |

# 7. RISK MANAGEMENT

CQML recognises that risks arise in all projects. In assessing your application we consider how well you recognise risks and how you plan to manage them.

In this section provide specific details about potential project risks you have identified and what actions you will undertake to manage and mitigate these risks.

|  |  |
| --- | --- |
| **Risk** | **Actions to mitigate risk** |
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# 9. PROJECT BUDGET

Please provide a comprehensive Project Budget which lists all income sources and expenditure directly related to the project. Provide a detailed breakdown and description of all project expenses including details of how you calculated your in-kind contributions to the project. *Enter amounts as whole dollar amounts only*

|  |  |  |
| --- | --- | --- |
| **Income** | **Item** | **Amount** (GST exclusive) |
| **Healthy CQ Grants Fund** |  |  |
| **Other income** |  |  |
|  |  |
|  |  |
| **In-kind contributions** |  |  |
|  |  |
| **Total project income excluding GST** | **$** |
| **Expenses** | **Item** | **Amount** (GST exclusive) |
| **Staffing** |  |  |
|  |  |
| **Resources** |  |  |
|  |  |
| **Venue Hire/Catering** |  |  |
| **Travel** |  |  |
| **Evaluation/Research** |  |  |
| **Other** |  |  |
|  |  |
| **Total project expenses excluding GST** | **($)** |
|  |  |
| **Total project budget excluding GST** | **$** |
| **Total project budget including GST (where applicable)** | **$** |
|  |  |
| **Total grant funding sought excluding GST** | **$** |

# 10. Referees

Details of two (2) referees who can provide reliable information on recent, similar or comparable program service delivery including engagement with relevant stakeholders, links or networks with the target group(s) and organisational capability to undertake the services successfully.

|  |
| --- |
| **Referee 1 Details**  |
|  |
| Name:  | Position Title |
|  |  |
|  |  |
| Telephone: | Email Address |
|  |  |

|  |
| --- |
| **Referee 2 Details**  |
|  |
| Name:  | Position Title |
|  |  |
|  |  |
| Telephone: | Email Address |
|  |  |

# 11. DECLARATION

***Please read and sign the following declaration:***

* I have read and accept the General Conditions outlined in the Healthy CQ Grant Fund Funding Guidelines.
* I declare that the organisation is financially viable and able to manage the project within the timeframe and within budget.
* I declare that all information provided in this application is true and correct.
* I understand that this application does not create a legal or binding commitment, arrangement or understanding between Central Queensland Medicare Local and the applicant organisation. Any such commitment, arrangement or understanding will be the subject of further negotiation and documentation, including an Agreement for the Provision of Funding. Additional specific conditions may be included in the Agreement.
* I understand and accept that organisations successful in their application for funding may be required to participate in project profiling activities.
* I understand and accept that Central Queensland Medicare Local Innovation Grants is a discretionary fund that decisions are final and there is no feedback or appeals process.
* I understand and accept that information provided in this application will be stored by Central Queensland Medicare Local in various formats including hard copy and/or electronic storage.

***I have supplied all the following application requirements and supporting documentation:***

* A complete application form
* Letters of support (if applicable)
* Evidence of legal entity status (eg. Certificate of Incorporation)
* Evidence of current Public Liability Insurance (eg. Certificate of Currency)
* Copies of information providing evidence of project needs (if available)
* Evidence of Goods and Services Tax (GST) status and registration date.
* Certificate of Indemnity Insurance – up to the value prescribed in the Service Agreement arising from any one event.
* Evidence of Workers Compensation Insurance (Workcover).
* Audited financial statements for the last two financial years, including:
	+ Profit and loss statements
	+ Balance sheets
	+ Cash flow statements
	+ Current cash at bank.

**Signed by authorised organisation representative**

|  |  |
| --- | --- |
| **Signature** |  |
| **Name** |  |
| **Position** |  |
| **Date** |  |

*Thank you for taking the time to complete this application.*