**One Good Community   
Wellbeing Grants Program | Application Form**

Before you begin, please ensure you have all your supporting documents ready to upload.

If you would like to draft your submission offline before completing the form, you can download a Word template, or use the printable application form (Word) to email or post your application to us.

Please note: You can use this editable form and email it with supporting documentation to [onegoodcommunity@gphn.org.au](mailto:onegoodcommunity@gphn.org.au), or use our online form at onegoodcommunity.gphn.org.au/grant-applications.

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| **APPLICATANT’S DETAILS** | |
| Applicant’s name: |  |
| Email address: |  |
| Postcode(s)/location where the activity will be delivered: |  |
| A requirement of the grants program is that the submission has an Australian Business Number (ABN). If you do not have an ABN, you can apply for one online. As we are looking for projects that bring people together, consider gaining support from a local organisation such as Rotary, Lions or a school. You can apply together and use that organisation’s ABN. | |
| Name of affiliated organisation/community group *(if applicable)*: |  |
| Applicant Address: |  |
| ABN: |  |
| Conflict of Interest Declaration | The applicant (and members of the applicant’s organisation or community group, if applicable) declares that  no-one associated with this grant applicant is associated with a Gippsland PHN staff member by relation or association other than in a working relationship context.  **OR**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) is associated with this grant applicant and is associated with Gippsland PHN staff member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) by :  relation or  other association (other than in a work context). Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **APPLICATION CONTACT DETAILS** In this section you are asked to provide contact details of your organisation's authorising officer and/or key contact person for this application. The principal contact person is the person who is authorised to sign a funding agreement on behalf of your organisation/community group, should your application be successful. | |
| Authorised person’s name: |  |
| Position title: |  |
| Email: |  |
| Phone number: |  |
| The application contact should be the person we can contact to answer any questions related to the application and project activity. | |
| Application contact person name: |  |
| Position title: |  |
| Email: |  |
| Phone number: |  |

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| **BANK DETAILS** | |
| Account name: |  |
| Financial institution: |  |
| BSB #: |  |
| Account number: |  |

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| **FUNDING** | | |
| The level of funding you are applying for determines how much information you are required to provide:   * Up to $1,500; a summary of no more than 250 words, a budget outline and one letter of support. * $1,501 to $10,000; a summary of no more than 300 words, a budget outline, one quote and one letter of support. * $10,001 to $30,000; a summary of no more than 500 words, a budget outline, one quote and two letters of support. | | |
| Select the tier of funding you are applying for: |  | Up to $1,500 +GST |
|  | $1,501 to $10,000 +GST |
|  | $10,001 to $30,000 +GST |
| What is the exact amount of funding you are applying for? *(GST exclusive)* | $ | |
| **PROPOSAL**  Describe your proposal. Provide a summary demonstrating how your project meets the One Good Community Wellbeing Grants program objectives and principles. For example, the applicant must demonstrate their motivation, enthusiasm, community drive, understanding of the needs of bushfire and drought affected communities, etc. Please consider the eligibility criteria outlined in the One Good Community Wellbeing Grants Program Guidance Document. This document can be found at www.onegoodcommunity.gphn.org.au. | | |
| Please tell us which community/communities your proposal will benefit. |  | |
| Describe your proposal. Provide a summary demonstrating how your project meets the One Good Community Wellbeing Grants program objectives and principles. Please consider the eligibility criteria outlined in the One Good Community Wellbeing Grants Program Guidance Document. This can be viewed at www.onegoodcommunity.gphn.org.au. |  | |
| If applicable, provide details of additional in-kind or financial support for the proposal. |  | |

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| **ACTIVITY DETAILS** | |
| Activity start date: |  |
| Activity end date: |  |

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| **SUPPORTING INFORMATION** |
| Please attach letters of support from a representative of the community who will benefit (if applicable – one letter for up to $10,000 and two letters for $10,001 - $30,000. |
| Please attach a budget outline as part of your proposal (this is required). Consider outlining your budget in a table format including columns for the items and/or services you need to purchase, item expenditure and total. |
| Please attach quotes relating to your application (required for applications over $1,501). |

To submit your application:

1. Fill in this form digitally, save and email or post with your supporting documents to the address below.
2. Print this form and fill it in – please adjust table cells before printing to ensure you have enough room to write you answers.

Forms can be emailed to [onegoodcommunity@gphn.org.au](mailto:onegoodcommunity@gphn.org.au) or posted to Gippsland PHN, 11 Seymour Street, Traralgon 3844.