**Expression of Interest**

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| ***Men’s Risky Drinking Cultures Grant Funding 2019***  **Expression of Interest open:** 9am, Monday 4 March 2019  **Expression of Interest close:** 9am, Monday 8 April 2019    Thanks for your interest in Men’s Risky Drinking Cultures Grants.  Before applying, please ensure you have read and understood the [Men’s Risky Drinking Grants Guidelines](https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/alcohol%20misuse/MensRiskyDrinking/MRD%20Grant%20Guidelines.pdf) and [VicHealth’s General Funding Information for All Applicants](https://www.vichealth.vic.gov.au/funding/information-for-all-applicants).    **Please ensure you have the following before proceeding:**   * Primary contact name and details * Your organisation’s:   + Australian Business Number if applicable (check the Australian Business Register website).   + GST Registration status * The details and costs of the project for which you are seeking funding   *Note you may have difficulty using Google Chrome. If this occurs, please use another browser e.g. Internet Explorer, Safari etc.*    If you have any queries, please email [alcohol@vichealth.vic.gov.au](mailto:alcohol@vichealth.vic.gov.au) |

**PART A: ORGANISATIONAL DETAILS**

**ORGANISATION AND CONTACT DETAILS**

1. **Please enter the details for the organisation applying for funding.**

(Please note \* are mandatory fields)

**Organisation name\***

*Exact name of your organisation as it appears in the Australian Business Register)*

*You can find your organisation’s legal name using the Australian Business Register ABN Lookup* [*http://abr.business.gov.au/*](http://abr.business.gov.au/)

Click here to enter text.

**Postal address (of organisation)\***

Click here to enter text.

**Street address (if different to postal address)**

Click here to enter text.

**Website**

Click here to enter text.

**Social Media handles**

Click here to enter text.

**ABN\***

*You can find your organisation’s ABN using the Australian Business Register ABN Lookup.* [*http://abr.business.gov.au/*](http://abr.business.gov.au/)

Click here to enter text.

**GST registered?\*** Yes No

1. **Which best describes the organisation you belong to?\***

Choose an item.

***If ‘other’ please specify***

Click here to enter text.

1. **Please enter details of the primary contact for Organisation\***

*This is the person who will be signing the funding agreement for the grant, typically the Chief Executive Officer, President, Secretary, Executive Officer, Chairperson, Treasurer or delegate.*

**Name**

*Including Title, First Name, Surname*

Click here to enter text.

**E-mail**

Click here to enter text.

**Mobile phone**

Click here to enter text.

**Daytime phone**

Click here to enter text.

**Position**

Click here to enter text.

1. **Please enter details of the primary contact for Application**

*This is the main day-to-day contact for this grant (only complete if different to person above)*

**Name**

*Including Title, First Name, Surname*

Click here to enter text.

**Position**

Click here to enter text.

**E-mail**

Click here to enter text.

**Mobile phone**

Click here to enter text.

**Daytime phone**

Click here to enter text.

**PART B: PROJECT DETAILS**

1. **Please complete the below information about your project**

**Project Title\***

Click here to enter text.

**Start date\*** Click here to enter a date. **End date\*** Click here to enter a date.

**Amount requested from VicHealth\***

Click here to enter text.

**Total project cost (including costs covered by other budget sources)\***

Click here to enter text.

1. **Executive Summary.**

Please provide an overview of your proposed project.

* Explain the problem or opportunity and any data/evidence you have to support your problem/opportunity definition (you may attach brief supporting documentation if required).
* Describe the men’s risky drinking social world and practices you hope to address.
* What outcome are you hoping to achieve?

*No more than 500 words*

Click here to enter text.

1. **Intervention concept**

What is your intervention concept to achieve the outcome you have identified in Section 1?

* Describe your proposed intervention/s. Demonstrate how you will use the Alcohol Cultures Framework to shift risky drinking in your chosen social world.

*No more than 500 words*

Click here to enter text.

1. **Existing/proposed engagement with target social world.**

What is your existing and proposed engagement with the social world you are targeting in your intervention?

* Describe any consultation or recent related projects that give you insights into your proposed social world and how this may influence your engagement with the social world in this project.

*No more than 250 words*

Click here to enter text.

1. **Capacity to deliver.**

Explain your capacity to deliver this intervention within the project timeframes.

* Describe an indicative timeline for the intervention delivery.
* Describe the members of the project team – who will be involved? Will you engage other partners or subcontractors? How will you manage these relationships?
* Describe previous experience delivering culture change projects.
* You may attach a workplan to support your response.

*No more than 250 words*

Click here to enter text.

**PART C: BUDGET**

1. **Outline your project budget including details of other funding that has been confirmed or applied for. The budget must balance (total income = total expenditure).**

Please include these areas in your budget INCOME and EXPENDITURE columns:

1. Income

Amount requested in this application.

Other funding sources:

* Confirmed Funding (list name of funders and confirmed amount, including your organisation cash contribution). Indicate confirmed funding sources by writing CF beside the description
* Unconfirmed Funding (if you have applied for other funding that is unconfirmed please list the name of the organisations applied to and amount). Indicate unconfirmed funding sources by writing UF beside the description
* In-kind Contributions (include an estimated value for non-cash contributions such as services, equipment time and materials). Indicate in-kind contributions by writing IC beside the description

1. Expenditure

Breakdown individual line items including:

* salaries
* equipment
* travel/transport
* administration etc.

Please note where VicHealth funds will be expended by writing VH beside the description.

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Description** | **Costs** | **Expenditure Description** | **Costs** |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |

**PART D: ACCEPTANCE**

I understand and acknowledge that:

* + - * The information provided in this application is true and complete to the best of my knowledge.
      * VicHealth, on receiving this information, may refuse this application if it becomes evident that information or any supporting documentation provided is incomplete or false.
      * I approve the information that has been provided.
      * I have read the [Men’s Risky Drinking Grant Guidelines](https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/alcohol%20misuse/MensRiskyDrinking/MRD%20Grant%20Guidelines.pdf) and [VicHealth’s General Funding Information for All Applicants](https://www.vichealth.vic.gov.au/funding/information-for-all-applicants), and if successful with gaining the support of VicHealth, agree to the terms and conditions within a [VicHealth Standard Funding Agreement](https://www.vichealth.vic.gov.au/-/media/FundingOpportunities/Attachments/2019-Standard-Funding-Agreement.pdf). Any variations to the Standard Funding Agreement must be declared within the online portal. VicHealth will not accept variations beyond the final application.

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*(Name)*

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*(Title)*

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*(Signature) (Date)*

**Thank you for completing this form**