Reimagining Health Grants Application Form

*Note this form is for reference only and you will need to complete this form online via our* [*Stakeholder Portal*](https://vichealth.force.com/s/login/) *to be considered for funding.*

# **Eligibility and Compliance Check**

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| --- | --- |
| 1. The Organisation applying for funding has an active Australian Business Number (ABN). | YesNo |
| 1. The Organisation applying for funding is registered as one of the following Organisation types:    1. Incorporated association    2. Company limited by guarantee    3. Victorian Local Government entity | YesNo |
| 1. The Organisation applying for funding intends to deliver funded activities only in Victoria. | YesNo |
| 1. The Organisation applying for funding has satisfactorily fulfilled previous and/or current VicHealth grant requirements. | Yes - The Organisation has received funding from VicHealth in the past and has satisfactorily fulfilled all grant requirements  No - The Organisation has received funding from VicHealth in the past but has not satisfactorily fulfilled all grant requirements  N/A - The Organisation has not received a VicHealth grant in the past |
| 1. The Organisation applying for funding holds insurance cover, including professional indemnity and public liability insurance, for the project. If insurance is not currently held, the Organisation commits to purchasing all necessary insurances before commencing the project. | YesNo |
| 1. The project in this application will address health promotion priorities described in the Funding Guidelines and be delivered in a Victorian local community. | YesNo |
| ***If you have answered no to any of the above questions, you do not meet the eligibility requirements for this grant round. Please refer to the*** [***funding guidelines***](https://www.vichealth.vic.gov.au/funding/reimagining-health-grants) ***and VicHealth’s***[***Information for all applicants***](https://www.vichealth.vic.gov.au/funding/information-for-all-applicants)***for more information.*** | |
| 1. Do you or the organisation applying for funding have any current, planned or past five (5) year relationships with a tobacco company, the Australian Tobacco Research Foundation, or other tobacco industry funded bodies? | YesNo |
| ***If you have answered yes to the above question, you do not meet the eligibility requirements for this grant round. Please refer to the*** [***funding guidelines***](https://www.vichealth.vic.gov.au/funding/reimagining-health-grants) ***and VicHealth’s***[***Information for all applicants***](https://www.vichealth.vic.gov.au/funding/information-for-all-applicants)***for more information.*** | |

# **Organisation and Contact Details**

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| **Organisation details** | | | |
| 1. Organisation’s ABN   Please visit [www.abr.business.gov.au](http://www.abr.business.gov.au) and locate the ABN details for the organisation applying for funding. | | | |
| *Enter ABN* | | | |
| 1. Business name | | | |
| *Enter business name* | | | |
| 1. Organisation’s postal address | | | |
| *Enter postal address* | | | |
| 1. Organisation type | | | |
| *Select from the drop down list, if you are unsure, select ‘Community Organisation’* | | | |
| 1. If you are a sporting or active recreation Organisation, please select your main activity type. | | | |
| *Select from the drop down list* | | | |
| **Contact details** | | | |
| 1. Project contact: This person will be VicHealth’s day-to-day contact for project delivery if the application is successful. | | | |
| Salutation: | First Name | | Last Name |
| Position title | | Telephone | |
| Email | | MobileLandline | |
| 1. Authorised contact: The person who will sign the funding agreement if this application is successful; typically, the head of the organisation.   If the Authorised contact for this application is different from the day-to-day contact above, please enter their details. | | | |
| Salutation | First Name | | Last Name |
| Position | Email | | |

# **Funding tier selection**

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| 1. What level of funding are you applying for from VicHealth |
| Up to $10,000  Tier 1: Up to $3,000 (skip to question 21)  Tier 2: $,3001 to $10,000 (skip to question 21)  $10,001-$50,000  Tier 3a: $10,001-$35,000 (skip to question 21)  Tier 3b: $35,001-$50,000 (continue to question 16 – Harmful Industries Declaration) |

**Harmful Industries Relationship Declaration***Applicants that select Tier 3b must complete a****Harmful Industries Relationship Declaration*** *(below), in line with VicHealth’s****Harmful Industries Relationships Funding and Procurement Policy****.*

*Please see our* [*website*](https://www.vichealth.vic.gov.au/search/vichealth-harmful-industry-relationship-funding-and-procurement-policy) *for more information on our policy the types of relationships you need to declare.*

*Note: this section does not affect your eligibility to apply*

|  |  |
| --- | --- |
| 1. Do you or the organisation applying for funding have any current, planned, or past 12 months relationships with the food, sugary drink, alcohol or gambling industries? | Yes  No (skip to question 21) |
| 1. Please detail the brand/company/organisation, the length of the relationship and when it occurred/is occurring/is planned.  List all harmful industry relationships if you have more than one. | |
| *Enter text response* | |
| 1. What was/is/will be the nature of the relationship, with the food, sugary drink, alcohol or gambling industry? Please select all that apply. | |
| Board membership or other governance membership  Marketing/brand activation  Access to membership lists and data  Market or other research/evaluation  Campaign/project development or delivery  Consultancy  Receipt of donations or in-kind benefits  Other (provide details) | |
| 1. If you have additional information on your selections above that will help VicHealth to make an assessment, please include that here. | |
| *Enter text response* | |
| 1. Please detail how harmful industry relationships will be risk-managed to ensure that VicHealth's statutory role to improve the health and wellbeing of Victorians is not undermined.   This could include, for example, separating project teams or not activating harmful industry brands alongside VicHealth’s brand.  You are required to respond to this question even if the harmful industry relationship is not current (i.e. past or future).  *Note: if your application is shortlisted VicHealth has the right to negotiate your proposed management plan.* | |
| *Enter text response* | |

# **Project Details**

This is where you get to tell us about your idea

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| 1. Project Title | |
| *Enter project title* | |
| 1. Brief project statement | |
| *Summarise your idea in three sentences. Hint: Try to include your vision, a barrier the currently undermines that vision, and the action you will take to create a better future.* | |
| 1. What priority group is the main focus of your project?   *Priority groups are described in described in the* [*funding guidelines.*](https://www.vichealth.vic.gov.au/funding/reimagining-health-grants) | |
| Young people (0-25)   * Roughly which age range will you focus on? (max 10 words):   Groups experiencing disadvantage   * What group will you prioritise? (max 10 words): | |
| 1. Which theme is the main focus area of your idea?   *The three idea focus areas described in the* [*funding guidelines*](https://www.vichealth.vic.gov.au/funding/reimagining-health-grants)*.* | |
| Pick from the following list:   * Healthy and affordable food * Physical activity * Meaningful social connection | |
| 1. In 5 or 6 sentences, describe what will change in your community as a result of your project. | |
| *Enter text response* | |
| 1. What activities will you do with the funding, or what items will the funding purchase, to enable you to create the change? | |
| *Enter text response* | |
| 1. Is there flexibility to adjust your activities or items if coronavirus restrictions ease or tighten? | |
| YesNo | |
| **Activity location** | |
| 1. Provide one address that best represents the location where activity will take place. | |
| *Enter address* | |
| 1. Local Government Areas where the project will reach (list all that apply) | |
| *Enter local government areas from pick list* | |
| 1. Proposed Start Date | *Enter start date (must not be before 1/12/20)* |
| 1. Proposed End Date | *Enter completion date (no later than 30/11/21)* |
| 1. Please enter the dollar amount you are requesting from VicHealth to complete the activities you’ve described. Do not include GST. | *Enter funding amount requested* |
| 1. Will the project receive financial or in-kind contributions from other sources? | YesNo |
| 1. If you answered yes to question 33, please list any other contributions that will be made, financial or in-kind. | |
| *Enter text response* | |