Funding Application Form

Applicant Details

Organisation Name

_____

ABN:_____

Organisation Type: _____

Primary Contact Person

Name: _____ Position: _____

Phone: _____ Email: _____

Organisation Overview

Briefly describe your organisation.
(Approx 250 words)

_____

_____

_____

_____

How long has your organisation been operating? _____

What services do you currently provide within the Illawarra?

_____

_____

_____

Project Details

Project Name

_____

Amount of Funding Requested (GST Inclusive)

$_____

Proposed Project Start Date: _____

Proposed Completion Date: _____

Project Summary

Provide a brief overview of your proposed initiative.
(Approximately 300 words)

_____

_____

_____

_____

_____

Assessment Criteria

1. Suicide Prevention Outcomes (35%)

Explain how this project contributes directly to suicide prevention.

Include:

- prevention strategies
- education
- early intervention
- support services
- awareness
- reducing suicide risk

2. Community Benefit (25%)

Describe how the project will benefit the Illawarra community.

Include:

- target population
- locations
- expected number of participants
- communities supported

3. Community Need (15%)

What evidence demonstrates the need for this project?

You may include:

- local statistics
- research
- waiting lists
- community consultation
- identified service gaps

4. Organisational Capability (10%)

Describe your organisation's experience delivering similar programs.

Include:

- staff qualifications
- governance
- partnerships
- previous outcomes

_____

_____

_____

_____

5. Value for Money (10%)

Explain how the funding will achieve strong community outcomes.

Why does this project represent good value?

_____

_____

_____

_____

6. Sustainability (5%)

How will the benefits continue after the funding has been spent?

_____

_____

_____

_____

Project Outcomes

What outcomes are you expecting?

_____

_____

_____

Approximately how many people will benefit?

_____

How will success be measured?

Participant numbers

☐ Surveys

☐ Mental health outcomes

☐ Attendance

☐ Referrals

☐ Case studies

☐ Other

Please explain.

_____

_____

_____

Project Budget:

Item	Description	Cost ($)

Total Project Cost: $_____

Total Funding Requested: $_____

Other Funding Sources

_____

_____

Partnerships

Are other organisations involved?

☐ Yes

☐ No

If yes, please describe their role.

_____

_____

Eligibility Checklist

Please confirm:

☐ We are an eligible organisation.

☐ We have a current ABN.

☐ The project will be delivered within the Illawarra.

☐ Funding will only be used for suicide prevention.

☐ Funding will remain within the Illawarra.

☐ We hold current Public Liability Insurance.

☐ We agree to submit an acquittal report.

☐ We agree to maintain financial records.

☐ We agree to comply with all funding conditions.

Supporting Documentation

Please attach:

☐ ABN Registration

☐ Public Liability Insurance Certificate

☐ Project Budget

☐ Other Supporting Documentation

Declaration

I certify that the information contained within this application is true and correct to the best of my knowledge.

I acknowledge that:

- Funding must only be used for the approved purpose.
- All funding will be spent within the Illawarra.
- An acquittal report will be submitted within three months of project completion.
- The Illawarra Turf Club may request additional information during assessment.
- Any false or misleading information may result in the application being deemed ineligible.

Authorised Representative

Name: _____

Position: _____

Signature: _____

Date: _____