



# Community Awareness Grants Program

## 2021 Funding Round – Application Form

**Completed application with all necessary attachments should be emailed to [grants@donatelife.gov.au](mailto:grants@donatelife.gov.au) prior to the closing date and time of 17:00 pm AEDST (Canberra time) on Sunday 7 March 2021.**

Note: All applicants are advised to read the Organ and Tissue Authority's Community Awareness Grant Guidelines in detail before completing the Application Form.

### A. Project details

<b>Organisation name</b>	
<b>Project title (no more than 10 words)</b>	
<b>Funding amount sought</b>	\$ (whole dollars, GST exclusive)
<b>Project summary (no more than six lines, focus on the purpose of the project)</b>	
<b>Project start date</b>	
<b>Project end date</b>	

**This project proposal is for (please cross relevant boxes):**

- Community events and/or innovative digital engagement activities during DonateLife Week 2021 (Sunday 25 July to Sunday 1 August 2021 and the period is July and August 2021).

**And / Or**

- Community events and/or innovative digital engagement activities outside of the DonateLife Week 2021 period.

**Are there any confidentiality issues which you consider to be detrimental to your organisation if details of this funding arrangement were reported on the Organ and Tissue Authority's website in accordance with the reporting requirements of the Commonwealth Grant Guidelines?**

Yes       No

<b>If yes please provide an explanation below:</b>

## B. Applicant details and project team

### Principal contact

<b>Title</b>	
<b>First Name</b>	
<b>Last Name</b>	
<b>Organisation</b>	
<b>Position</b>	
<b>Postal Address</b>	
<b>Postcode</b>	
<b>Phone</b>	
<b>Email</b>	

### Project Personnel

<b>Name and position</b>	<b>Project role and responsibilities of each project officer, including summary of their relevant work experience.</b>

## Project Partners

**Will your organisation partner with any other organisations? If so, provide details including their role in delivery of the project.**

*You must include a letter of confirmation for any identified project partners with this application.*

## C. Eligibility requirements

<p><b>Is your organisation one of the following:</b></p>	<p><input type="checkbox"/> Non-government organisation  <input type="checkbox"/> Professional body  <input type="checkbox"/> Consortia organisation</p>
<p><b>Do you or your consortia organisation have any outstanding reporting requirements (acquittals, evaluations and audited financial statements) for any previous OTA grants?</b></p>	<p><input type="checkbox"/> Yes, provide details below   <input type="checkbox"/> No</p>
<p><b>Is your organisation financially viable?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Is your proposal <u>Not</u> for Profit?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Does your organisation have the required levels of insurance?</b></p>	<p><input type="checkbox"/> Yes – attach insurance statements to application   <input type="checkbox"/> No – provide a statement below that you are willing to obtain required insurance if successful in this funding round</p>

## D. Organisation that will manage funds

<b>Organisation name</b>	
<b>Legal status</b>	<input type="checkbox"/> Australian Public Company <input type="checkbox"/> Incorporated trustee on behalf of a trust <input type="checkbox"/> Incorporated association <input type="checkbox"/> Joint (consortia) application with a lead organisation <input type="checkbox"/> [Registered charity or] not-for-profit organisation <input type="checkbox"/> Australian local government body <input type="checkbox"/> Australian state or territory government body <input type="checkbox"/> Aboriginal and/or Torres Strait Islander Corporation registered under the <i>Corporations (Aboriginal and /or Torres Strait Islander) Act 2006</i> <input type="checkbox"/> Other, please specify _____ <input type="checkbox"/> None
<b>Other registrations</b>	<input type="checkbox"/> Charitable Institution <input type="checkbox"/> Deductible Gift Recipient <input type="checkbox"/> Health Promotion Charity <input type="checkbox"/> Public Benevolent Institution <input type="checkbox"/> Other, please specify _____ <input type="checkbox"/> None
<b>ABN</b>	
<b>GST registered?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Principal/CEO or equivalent official head of organisation</b>	Title: First Name: Last Name: Position:
<b>Phone</b>	
<b>Email</b>	
<b>Postal address</b>	
<b>Registered street address (if different to postal address)</b>	

## E. Assessment Criteria

Note: Please refer to the focus and criteria identified within the Community Awareness Grant Guidelines when completing your application.

### **Criteria one: Understanding targeted community groups (up to 500 words)**

In addressing this criterion, strong responses will:

- outline the project activities you plan to undertake and how they will reach your nominated target community group/s
- describe your understanding of your target audience group/s, and why your organisation is well suited to promoting organ and tissue donation to this audience

**Criteria two: Community awareness and/or education opportunities  
(up to 500 words)**

In addressing this criterion, strong responses will:

- outline how your project activities support and enhance the DonateLife community awareness and education program
- describe how you will monitor your activities to make sure you are optimising awareness and education opportunities



**Criteria three: Value for money (up to 500 words)**

In addressing this criterion, strong responses will:

- describe how your project activities represents value for money
- outline your key performance indicators and describe how you are going to measure success

**Criteria four: Capacity and capability of organisation to deliver project activities (up to 500 words)**

In addressing this criterion, strong responses will:

- outline your organisations capability to deliver your project activity, including reference to prior experience, resource skills, expertise and project management
- demonstrate your organisation’s prior experience in successful delivery of community events and/or innovative digital engagement activities

<b>Risk Management</b>	
Please identify any potential risks or sensitivities, including actual or potential conflicts of interest associated with the project and how these will be managed.	
<b>Potential risk or conflict</b>	<b>Management of the risk</b>

<b>Grant acknowledgement</b>
<p><b>I have read the Organ and Tissue Authority’s Community Awareness Grant Guidelines and the Acknowledgement Guidelines</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>I confirm that our organisation will comply with the requirements for acknowledgement as specified in Section 12.6 - Acknowledgement of the Community Awareness Grant Guidelines and the Acknowledgement Guidelines</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>I understand that a minimum of three working days should be provided to the Organ and Tissue Authority for approval of all project material produced under this project and that this is our organisation’s responsibility.</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

## F. Project budget

The project budget must be realistic and detailed. It must clearly outline the main components of the project.

When completing the budget:

1. Clearly state all proposed costs for your proposal in this table.
2. Include the itemised breakdown for major items of administration costs, equipment and/or materials for which you are seeking funding.
3. Financial or in kind contributions to be provided by the applicant or via other contributions must be clearly identified and supported where possible through letters of support from other contributors.

<b>Table 1 - Community Awareness Grants Program Expenditure</b>	
<b>Use whole dollars only (GST exc.)</b>	<b>Activity</b> (Itemise all expenditure in as much detail as possible)
\$	
\$	
\$	
\$	
\$	
<b>\$</b>	<b>Total A</b>

<b>Table 2 - Other Funding Sources Expenditure</b>	
<b>Use whole dollars only (GST exc.)</b>	<b>Activity</b> (Itemise all expenditure in as much detail as possible)
\$	
\$	
\$	
\$	
<b>\$</b>	<b>Total B</b>

<b>Grand Total Project Expenditure (GST exc.): \$</b>	<b>(total A + B)</b>
(Must equal Community Awareness Grants Program Expenditure and Other Funding Sources Expenditure totals)	

<b>Table 3 – In kind support</b>		
<b>Provide details of any in kind support contributing to this project</b>		
<b>Amount (GST exc.)</b>	<b>Provider</b>	<b>Description</b>
\$		
\$		
\$		
<b>\$</b>	<b>Total</b>	

<b>Table 4 –Previous funding details</b>		
Please complete if your organisation has previously received funding from the Community Awareness Grants Program.		
<b>Project title and date</b>	<b>Amount funded through Community Awareness Grants</b>	<b>Amount funded through other funding sources</b>

Please provide details of any previous failures by the organisation to adhere to grant requirements or occasions when the organisation has had allocated funding withdrawn.

Not Applicable

<b>Date</b>	<b>Details</b>

**G. Additional Information**

<b>Is there any other information that may support your application?</b>

## **H. Privacy and Freedom of Information and Declaration**

Full lists of grant recipients will be published on the GrantConnect and the Organ and Tissue Authority's website. We may also publicise grant recipients in other publications. If your organisation is successful in obtaining a grant, the organisation will be required to acknowledge the support of the Organ and Tissue Authority in all related organisational publicity.

In accordance with *the Freedom of Information Act 1992*, any information held by the Organ and Tissue Authority, including your application is accessible by you. Whilst the information you present to us is treated as confidential, staff and individuals who help us to assess and monitor grants may see it. The information you supply may also be made available to those assessing any other grant applications that your organisation makes.

Data held in the Organ and Tissue Authority's system may be used for statistical reporting, application assessment, media inquiries, accounting purposes and for contacting you. The details of all successful grants will be public information. However, any personal details will only be accessible by our staff, appointed auditors and individuals or organisations that may help us assess or monitor grants.

If you are successful in gaining funding from the Community Awareness Grants Program you need to recognise that there are certain expectations such as financial accountability, public liability insurance requirements and evaluation and monitoring requirements.

**Declaration by Principal / CEO / or equivalent official head of organisation** (or of consortia organisation)

I, the undersigned on behalf of the organisation listed below, certify that:

1. I have read the Community Awareness Grants Program Guidelines.
2. The information in this application is true to the best of my knowledge and any supporting material is my own work or the work of employees of the organisation.
3. All of the information provided in this application and any attachments is true and correct.
4. I am aware that action may be taken to recover any grant payment made where information provided in this application is subsequently found to be false or misleading or where the grant received is not used entirely for the purpose(s) for which it is approved.
5. I understand the staff of the Organ and Tissue Authority may contact other government agencies in relation to this application.
6. I have read and understand the section on Privacy and Freedom of Information and accept these terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature (from consortia organisation, if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Organisation

\_\_\_\_\_  
Consortia organisation

\_\_\_\_\_  
Position in organisation

\_\_\_\_\_  
Position in consortia organisation



<b>Application checklist</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
We have read the COMMUNITY AWARENESS GRANT GUIDELINES			
We have read the COMMUNITY AWARENESS GRANT ACKNOWLEDGEMENT GUIDELINES			
We have read the sample FUNDING AGREEMENT			
All sections of the APPLICATION FORM have been answered			
The BUDGET has been completed according to the template provided			
PREVIOUS FUNDING DETAILS have been provided			
The DECLARATION has been signed by the Principal / CEO / or equivalent official head of organisation			
We have attached copies as listed under INSURANCE REQUIREMENTS (as applicable):			
<ul style="list-style-type: none"> <li>• Workers' compensation insurance</li> </ul>			
<ul style="list-style-type: none"> <li>• Public Liability insurance (\$10 million)</li> </ul>			
<ul style="list-style-type: none"> <li>• Professional Indemnity insurance (\$1 million)</li> </ul>			
We have attached a list of other sources approached or intended for further funding			
All supporting material is labelled with our details			
We have kept a copy of the application for our records			
A hard copy AND electronic copy (Word format) have been provided. Note – a pdf of the signed declaration can be provided.			