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| **APPLICATION FOR FUNDING** |
| **FUNDING FOR COMMUNITY CONSULTATION ON CANCER INFORMATION NEEDS OF CULTURALLY AND LINGUISTICALLY DIVERSE CONSUMERS AND CARERS**  **FUNDING APPLICATION FORM** |

# Section One – Applicant Details

## 1.1 Organisation

|  |  |
| --- | --- |
| **Legal name of organisation:** | Click here to enter text. |
| **Trading name (if applicable):** | Click here to enter text. |
| **Postal address:** | Click here to enter text. |
| **Email address:** | Click here to enter text. |
| **Suburb:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Telephone:** | Click here to enter text. |

## 1.2 Entity type

Please tick the box which best describes your organisation

|  |  |
| --- | --- |
|  | Incorporated association |
|  | Local government authority |
|  | Not-for-profit trust |
|  | Organisation established under an Act of Parliament |
|  | Unincorporated group  (Must apply under auspice of an incorporated organisation or WA local government authority. See question 1.4.) |
|  | Not-for-profit company |
|  | Other – Please detail: Click here to enter text. |

## 1.3 Contact Person

List the contact person responsible for the daily co-ordination of the project.

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Mobile** | Click here to enter text. |
| **Email** | Click here to enter text. |

## 1.4 Sponsoring organisation

If your organisation is incorporated please skip this question and go to question 2.1.

If your organisation is **not** incorporated, the funds must be applied for on your behalf by a not-for-profit incorporated organisation or a local government. The sponsoring organisation will be responsible for accepting and adhering to the conditions of the funds, maintaining financial records and providing acquittal information, should your application be successful.

The sponsoring organisation’s legally authorised officer must sign the [Declaration](#_Declaration).

|  |  |
| --- | --- |
| **Legal name of incorporated sponsoring organisation:** | Click here to enter text. |
| **Trading name (if applicable):** | Click here to enter text. |
| **Contact person:** | Click here to enter text. |
| **Postal address:** | Click here to enter text. |
| **Suburb:** | Click here to enter text. |
| **Postcode:** | Enter text. |
| **Telephone:** | Click here to enter text. |
| **Facsimile:** | Click here to enter text. |
| **Email:** | Click here to enter text. |

A copy of the **sponsoring organisation’s** **Certificate of Incorporation** is attached to this application:

Yes  No  Not applicable (local government authority or incorporated under an Act of Parliament)

# Section Two – Consultation Details

## Project Name: Community Consultations on Culturally and Linguistically Diverse (CaLD) Consumer Needs for Cancer

## 2.1 Provide a brief history of your organisation and any similar consultation activities undertaken to demonstrate that you are well suited to conduct engagement across CaLD communities. Maximum 500 words.

Click here to enter text.

## 2.2 Community Representation

Please list the CaLD communities that you will target (i.e by ethnicity and/or main language(s) spoken at home).

Click here to enter text.

## 2.3 Lifespan Representation

Which of the following age groups are you targeting?

|  |  |
| --- | --- |
| ☐ | Young Adult 18–24 years |
| ☐ | Adult 25–64 years |
| ☐ | Older Adults 65+ years |
| ☐ | All |
| ☐ | Other  *Please specify:* Click here to enter text. |

## 2.4 Describe the type of community consultation activity you will hold (i.e. face to face, phone interviews, webinar or other.) and how you plan to reach your identified communities, and by what communication means. Maximum 100 words.

Click here to enter text.

## 2.5 Timeline of your consultation discussions.

**The completion of the community consultation discussions must occur before 7 Oct 2022.**

Proposed consultation workshop date/s: Click here to enter text.

Proposed consultation workshop address/location(s): Click here to enter text.

## 2.6 What region/s will you aim to engage your participants from?

|  |  |
| --- | --- |
| ☐ | Gascoyne |
| ☐ | Goldfields/Esperance |
| ☐ | Great Southern |
| ☐ | Kimberley |
| ☐ | Mid West |
| ☐ | Peel |
| ☐ | Pilbara |
| ☐ | South West |
| ☐ | Wheatbelt |
| ☐ | Metropolitan – East |
| ☐ | Metropolitan – North |
| ☐ | Metropolitan – South |
| ☐ | Metropolitan – West |

## 2.7 Number of expected participants

Please provide details on how you intend to reach your minimum participant numbers for the community consultation workshop and the justification for this (minimum participant number is 20).

Click here to enter text.

## 2.8 How will the consultation workshop be promoted within your targeted CaLD communities?

Click here to enter text.

# Section Three – Consultation Budget

It is important to show how you plan to spend the funding. For example, catering, venue hire, translator fees, participation payments, staff costs, childcare etc.

Use the table below to show how the funding for your project will be spent. The grant funding is for between $10,000 to $20,000 (excl. GST) and may be used to conduct more than one small group discussion under this application (please specify budget items for each small group consultation) and for individual discussions.

**Do not include GST in your costings.**

|  |  |
| --- | --- |
| **(1)**  **Budget Items** (i.e. what the money will be spent on) | **(2)**  **This Funding Amount**  ($) (excl. GST) |
| For example: Catering | $500.00 |
| Enter text. | Enter text. |
| Enter text. | Enter text. |
| Enter text. | Enter text. |
| **Total:** Enter text. | **$xxx** |

# Declaration

On behalf of the administering organisation applying for funding through the Community Consultations on Culturally and Linguistically Diverse (CaLD) Consumer Needs for Cancer, I declare that:

* I am currently authorised to legally enter into agreements on behalf of the organisation, according to its constitution or as bound by law.
* All the information provided in this application, including any attachments, is true and correct.
* The organisation is financially viable and is able to meet all accountability requirements.
* I give permission to the Department of Health, when applicable, to contact any persons or organisation in the processing of this application and I understand that information may be provided to other agencies, where appropriate.
* If funding is provided:
  + I am aware that grant agreement terms and conditions will apply to ensure a project is appropriately completed and accountability requirements are met.
  + I agree to ensure that appropriate insurances are in place (including but not limited to worker’s compensation, volunteers, professional indemnity, public liability, motor vehicle, etc.).
  + I agree to undertake the project as stated and provide the required qualitative and financial reports to demonstrate that the grant was expended in accordance with the agreement.

|  |  |
| --- | --- |
| **Legally authorised officer signature** |  |
| **Date** | Click here to enter a date. |
| **Legally authorised officer name** | Click here to enter text. |
| **Legally authorised officer position** | Click here to enter text. |
| **Organisation** | Click here to enter text. |
| **Legally authorised officer telephone** | Click here to enter text. |
| **Legally authorised officer email address** | Click here to enter text. |
| **Witness signature** |  |
| **Date** | Click here to enter a date. |
| **Witness name** | Click here to enter text. |

Application Checklist

**Before you send your application** – please ensure that you have completed the following.

Check each item when you have completed or attached it.

|  |  |
| --- | --- |
| ☐ | 1. Completed all questions in the application form. |
| ☐ | 1. Legally authorised officer has read and completed the Declaration section of the application form.   Where an application is being submitted by an organisation that has a sponsoring organisation, please ensure the sponsoring organisation signs the [Declaration](#_Declaration). |
|  | 1. Sponsoring organisation’s Certificate of Incorporation (if required – see [Section 1.4](#_1.4_Sponsoring_organisation)). |

# Submitting an application

Applications close at **5.00pm AWST, Wednesday 4 May 2022**, and will be accepted by email or post.

|  |  |
| --- | --- |
| **Email** | [cancernetwork@health.wa.gov.au](mailto:cancernetwork@health.wa.gov.au) |
| **Post** | Health Networks  Community Consultations on CaLD Consumer Needs for Cancer  Department of Health  189 Royal Street  EAST PERTH WA 6004 |

Applications sent by email must be signed by the authorised signatory of the organisation and attached as a PDF to the email. If this is not possible, an original copy of the declaration page must be posted to the Department of Health within five working days of the email date.

Applications received after the closing date will not be accepted, even postmarked prior to or on the closing date. You are encouraged to email your application where possible to ensure it arrives by the closing date.

For any questions in relation to the Expression of Interest application form, please contact Health Networks via [cancernetwork@health.wa.gov.au](mailto:cancernetwork@health.wa.gov.au) .

**This document can be made available in alternative formats   
on request for a person with a disability.**

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