

**Innovation Fund**

Round two application form

**About the Innovation Fund**

Communities are the experts when it comes to knowing what they need to improve their health and wellbeing. The Innovation Fund supports preventive health projects that help people maintain good health by living a healthy lifestyle.

Please review the Healthy Communities Mid North Coast Innovation Fund Guidelines before applying, visit <https://www.healthycommunitiesmnc.com.au/innovation-funds/>.

**Application requirements**

1. Please complete all sections of this application form and provide all necessary paperwork (including certificate of currency for relevant insurances and a [statement of supplier](https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/Statement%20by%20a%20supplier.pdf) if your organisation *does not* have an ABN).
2. Please sign (by contact person and witness), scan and **email** your application to:   
   [mnclhd-healthycommunities@health.nsw.gov.au](mailto:mnclhd-healthycommunities@health.nsw.gov.au)   
     
   Or **post** to:  
     
   Healthy Communities MNC Innovation Fund  
   C/- MNCLHD Health Promotion  
   PO Box 126  
   Port Macquarie NSW 2444

**Application contact**

If you have any questions, please contact:   
Amy Sawyer   
Coordinator Healthy Communities Mid North Coast  
Email: [amy.sawyer@health.nsw.gov.au](file:///C:\Users\51003946\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\6DHZ3T74\amy.sawyer@health.nsw.gov.au)

Personal information collected by Healthy Communities Mid North Coast will be handled in accordance with the Privacy Act 1988.   
For further information, please contact our Privacy Officer at this office.

Healthy Communities Mid North Coast is a funding initiative of Mid North Coast Local Health District (ABN: 57 946 356 658).

Healthy Communities Mid North Coast will oversee the ongoing management of the Healthy Communities Mid North Coast Innovation Fund.

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| Applicant details | |
| **Organisation name** | Click here to enter text. |
| **Address for correspondence** | Click here to enter text. |
| **ABN**   * If no ABN please complete and attach an ATO statement of supplier form. | Click here to enter text. |
| **Is the organisation registered for GST?** | Yes No |
| **Contact person name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Work phone** | Click here to enter text. |
| **Mobile** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Type of organisation**   * Tick only one. * If your organisation is not one of the options provided please contact us. | Incorporated under the Associations Incorporation Act 1987  A company (e.g. Pty Ltd under the Corporations Act 2001)  A statutory body (e.g. School, Local Government etc) |
| **Types of insurance held by your organisation**   * Organisations are reminded of the need to consider Broad Form Policy (public liability and product liability) as part of implementing a risk management approach to organisation activities. * Please attach a copy of any relevant ‘Certificates of Currency for insurances noted. | Public Liability Policy:  Yes No  Amount $ Click here to enter amount. |
| Product Liability Policy:  Yes No  Amount $ Click here to enter amount. |
| Broad Form Public/Product Liability Policy:  Yes No  Amount $ Click here to enter amount. |
| Worker’s Compensation according to law:  Yes No  Amount $ Click here to enter amount. |
| If your organisation holds no insurance, please state why:  Click here to enter text. |

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| Project details | | |
| **Project title** | Click here to enter text. | |
| **Project overview**   * Write a short description (aim for around 150 words) about your project so anyone can read it and know exactly what you want to do. | Click here to enter text. | |
| **What priority area/s will your project focus on?**   * Tick only one. | Healthy eating  Active living  Healthy eating and active living | |
| **Which other area/s will your project focus on?**   * Tick all that applies, if any. | Reduce smoking-related harm  Social inclusion/engagement  Improving mental health  Other, Click here to enter text. | |
| **What target group will your project work with?**   * Tick all that applies. | Children  Young people  Healthy middle years  Healthy ageing  Aboriginal communities (projects with strong potential to  Close the Gap in health inequities)  CALD communities | |
| **Where will this project run on the Mid North Coast?** | Click here to enter text. | |
| **How long will the project run?**   * E.g. 3 months etc. | Click here to enter text. | |
| **How will your project have some ongoing effect beyond this funding?**   * Outline how your project will be sustainable. | Click here to enter text. | |
| **Who will you partner with throughout project planning and delivery?**   * Think about who you could collaborate with, e.g. could you partner with staff from the Mid North Coast Local Health District | Who   * Name, position, organisation | How   * Outline their role in the project |
| Click here to enter text. | Click here to enter text. |

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| Project plan | |  |
| **Project goal**  Think about what will be different in twelve months, and beyond, as a result of your project? | Click here to enter text. | |
| **Project objectives -** list your objectives (1 objective per cell) in the cells below.  During your project, you will want something to change for participants. This could be a change in:   * behaviour * attitude * skill * knowledge * a policy * the environment, or, all the above (the more you have the more likely you are to be successful).   Each of the above changes become your project objectives. When writing your objectives make them SMART (specific, measurable, achievable, relevant, time framed) and in the short-term, work towards achieving your project goal. | **Strategies –** list what you will do to achieve your project objectives in the cells below.  To achieve your project objectives, you will do a number of ‘things’.  For each objective, you will have a number of strategies. | **Data collection methods (evaluation) –** list what you will collect to help show you have achieved your project objectives and that your strategies worked.  How will you know you have achieved your **project objectives?**   * You will need to collect evidence to demonstrate the change your project has made. * If a change in knowledge is your objective, then you will need to do a ‘pre’ and ‘post’ knowledge survey. * If a change in behaviour is your objective, then pre-behaviour needs to be identified and then the new behaviour demonstrated, e.g. survey, photos, videos. * Changes in environment can be demonstrated by ‘pre’ and ‘post’ photos.   How will you know your **strategies** worked?   * Did your activities/resources produced do the job you wanted them to? * Attendance sheets, photos and satisfaction surveys are some of the ways you might provide the evidence. |
| Click here to enter objective 1. | Click here to enter strategies for objective 1. | Click here to enter data collection methods for objective 1. |
| Click here to enter objective 2. | Click here to enter strategies for objective 2. | Click here to enter data collection methods for objective 2. |
| Click here to enter objective 3. | Click here to enter strategies for objective 3. | Click here to enter data collection methods for objective 3. |
| Add more objective rows if needed… |  |  |

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| Project budget | | | |  |
| **Item** | | **Brief description** | | **$ Amount** |
| Click here to enter text. | | Click here to enter text. | | $ Click here to enter amount. |
| Click here to enter text. | | Click here to enter text. | | $ Click here to enter amount. |
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| Click here to enter text. | | Click here to enter text. | | $ Click here to enter amount. |
| Add more objective rows if needed… | |  | |  |
| The Innovation Fund is offering up to $3000 grants (excluding all taxes and charges). | | **Total** | | $ Click here to enter amount. |
| **Additional funding (including in-kind), other than funding received from Healthy Communities Mid North Coast that will contribute to your project** | | | | |
| **Source** | **Item** | | **$ Amount** | **In-kind amount** (if applicable) |
| Click here to enter text. | Click here to enter text. | | $ Click here to enter amount. | $ Click here to enter amount. |
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| Add more objective rows if needed… |  | |  |  |

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| Undertakings and conditions |  |
| If your application is successful, these undertakings and conditions will form part of your contract with Healthy Communities Mid North Coast.  **Click here to enter name of organisation agrees:**   1. To maintain all indoor areas as smoke free and where possible outdoor areas, under our control will also be smoke free. 2. To ensure that the organisation complies with all relevant State and Federal legislation, as applicable, e.g. Working with Children (Criminal Records Checking) Act 2004. 3. To acknowledge the support of Healthy Communities Mid North Coast on all materials and/or resources produced. 4. To use the grant for the approved purpose only. 5. To seek approval from Healthy Communities Mid North Coast for any changes related to the project, including changes to the budget. 6. To provide within four weeks of the project’s completion, the following:    1. Completed project and acquittal report using the template provided, including a statement of income and expenditure, showing how the funds were spent.    2. Evaluation of project objectives as noted by applicant on page 3. 7. Healthy Communities Mid North Coast has the right to terminate this agreement if the project is not carried out according to the agreed proposal or the conditions outlined here. 8. To repay any part of the grant which has not been spent as authorised or is in any way unused, in the event of the agreement being terminated, the project being completed or the agreement term expiring. 9. If the organisation is registered for GST then to comply with GST requirements we agree that:    1. Healthy Communities Mid North Coast can issue Recipient Created Tax Invoice (RCTIs) in respect of the grant where appropriate.    2. We shall not issue tax invoices in respect of the grant where Healthy Communities Mid North Coast has generated a RCTI.    3. We are registered for GST at the time of entering in to this agreement and will notify Healthy Communities if we cease to be registered.    4. We will remit the GST liability on the grant to the Australian Tax Office. | |

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| Declaration |  |
| I declare that the information presented in this form is correct and understand that, if approved by Healthy Communities Mid North Coast, I will abide by these undertakings and conditions detailed above.  **Contact person** Name: Click here to enter text. Position: Click here to enter text. Signature of organisation’s authorised representative  Date  **Witness** Name: Click here to enter text. Position: Click here to enter text. Signature of witness  Date | |