





Strong Spirit Strong Mind Youth Project Community Grant Application

**APPLICATIONS CLOSE FRIDAY, 6 MAY 2022**

**Applicants can apply up to $30,000 (ex GST) maximum**

Before completing this application, please ensure that you:

1. Have read and understood all the information provided in the grant program Guidelines. [ ]  **If Yes, proceed with application** [ ]  **No**

**APPLICANT DETAILS**

|  |
| --- |
| **NAME of Applicant/Community/Organisation/Service:** |
| ABN (if applicable): |
| Postal Address: |
| **Name of Contact Person:** |
| Phone/s: |
| Email: |
|  |
| Are you an Aboriginal Community Controlled Organisation or a Aboriginal-owned Not-for-profit? [ ]  **No** [ ]  **Yes** **If you have selected No, you are not eligible for this grant.**Organisations are eligible for **one** application per Western Australian region. |

Are you currently funded by the Mental Health Commission? [ ]  **No** [ ]  **Yes**

**RESOURCES**

Are you currently funded from any other source?

[ ]  **No** [ ]  **Yes** If yes, please provide details below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Could this project go forward in any capacity without ***Strong Spirit Strong Mind*** ***Youth Project (SSSMYP)*** funding?

[ ]  **No** [ ]  **Yes** If yes, please provide details below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 1. **COMMUNITY / ORGANISATION / SERVICE**

**GRANT REQUEST AND PROJECT DETAILS*** 1. ***Describe your community or organisation or service as it is now (how many people are involved; what activities/support are provided;***
	2. ***Select the Western Australian Region Your Service Is located In (please note: grants are only eligible for Western Australian communities):***

[ ]  *Goldfields* [ ]  *Great Southern* [ ]  *Kimberley* [ ]  *Midwest* [ ]  *Perth* [ ]  *Pilbara* [ ]  *South West* [ ]  *Wheatbelt** 1. ***Describe a recent project, especially any projects or similar proposals that your organisation has recently completed, provide a referee in respect and support for the project.***

***1.4 Are other organisations involved in this project?***[ ]  **No** [ ]  **Yes** If yes, please attach a letter or e-mail of support to this application. |

|  |  |
| --- | --- |
| 1. **Organiser/Team**

|  |
| --- |
| *Describe the skills and experience of the proposed team/organiser, especially how their experience relates to executing the grant. Including experience in undertaking similar events/activities and facilitating engaging with a range of stakeholders – and proven experience in engagement of young Aboriginal people (12 - 25 years of age), Aboriginal Community Controlled Organisation’s Service Providers, Aboriginal families, Aboriginal and/or Torres Strait Islander Elders and community members; including the application of appropriate culturally secure strategies* |

 |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. YOUR PROJECT**

|  |
| --- |
| *Projects must respect both criteria of alcohol and other drug education, social and emotional wellbeing, and the SSSMYP funding criteria referenced in the Guidelines.*  |
| [ ]  Alcohol and other drug education for Aboriginal young people 12-25 years old (e.g. National Health and Medical Research Council guidelines, Strong Spirit Strong Mind resources, etc.)[ ]  Improving social and emotional wellbeing of Aboriginal young people 12-25 years old including ***(select one or more below)**** [ ]  Connection to Person /Body
* [ ]  Connection to Mind and Emotions
* [ ]  Connection to Family and Kinship
* [ ]  Connection to Community
* [ ]  Connection to Culture
* [ ]  Connection to Country
* [ ]  Connection to Spirituality, Ancestors
 |

|  |
| --- |
| ***Describe the proposed project.*** *Please include the number of people you expect will participate in the project* |

 |

|  |  |
| --- | --- |
| 1. **ALCOHOL AND OTHER DRUGS (AOD) EDUCATION & SOCIAL AND EMOTIONAL WELLBEING (SEWB) OUTCOMES**

|  |
| --- |
| *Please identify clear project objectives and outcomes – what is the change you hope to see? Include proposed dates for events, camps, daytrips, retreats or workshops (if they are part of your project).*(Use S.M.A.R.T goals/objectives to assist if necessary) |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. PROJECT BUDGET** **Section A is the amount being requested in this application.**Please make your project budget detailed, specific, and transparent and accompanied by quotes where possible. Do not round up totals - state real expected costs.Do not include GST in the budget. GST will be paid separate and apart from the grant.

|  |  |
| --- | --- |
|  |  |
| 1. Detailed Expenses requested from SSSMYP grant

(do not include GST) | **Grant Request** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 1. Total SSSMYP Grant Request (do not include GST)
 |   |
|  |  |
| 1. Please list any other income received in support of the project from other sources (if relevant)
 | Other Income |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 1. Total Other Income
 |  |
|  |  |
| Please list any project support – unpaid voluntary contribution of goods and services (if relevant) |
|  |
|  |
|  |
|  |
|  |
|  |

 |

This section is to be completed by the organisation managing the grant funds.

**Taxation & Bank Details**

**TAXATION**

|  |  |
| --- | --- |
| Australian Business Number (ABN) | Click here to enter text. |
| Registered for Goods and Services Tax (GST) | Registered for GST [ ] Not registered for GST [ ]  |

**BANK ACCOUNT DETAILS**

|  |  |
| --- | --- |
| Bank name | Click here to enter text. |
| Branch / suburb | Click here to enter text. |
| Account name | Click here to enter text. |
| BSB number (must be six digits) | Click here to enter text. |
| Account number (up to nine digits only) | Click here to enter text. |

**GRANT TERMS AND CONDITIONS**

Grants provided through the Strong Spirit Strong Mind Youth Project Community Grants Program are subject to the following terms and conditions:

1. The grant is to be used solely for the specified purpose approved by the Mental Health Commission (MHC) during the funding period.
2. Written approval must be sought from MHC for any request to vary the approved purpose of the grant or seek an extension to the funding period.
3. Any part of the grant that is not used in accordance with Condition 1 must be repaid to MHC unless prior written approval is obtained.
4. Should the activities for which the grant was approved cease or should the grant agreement be terminated due to a breach of the any of these Conditions, then:
	1. the balance of the grant, unspent in accordance with the approved purpose of the grant, must be repaid to MHC within ten business days; and
	2. any property acquired with the grant must be transferred to another not-for-profit organisation with similar objectives and purposes to the recipient organisation, upon approval by MHC.
5. Providing a grant does not entitle a recipient organisation to be provided any further funding than that specified in the grant agreement.
6. MHC will not be held responsible for the success of the approved purpose for which the grant is provided or for any losses or additional costs incurred that are associated with the approved purpose.
7. Any documents or information relating to the grant or the approved purpose must be provided to MHC within ten business days of the request.
8. All payment conditions and reporting requirements must be met, as specified by MHC.
9. The Auditor General for the State of Western Australia, or an authorised representative, must be granted access to, and be permitted to examine, records and information concerning this grant.
10. All Local, State and Commonwealth laws applicable to the approved purpose must be abided by and complied with at all times.
11. Any project that involves working with children must ensure that the recipient organisation and all employees and volunteers comply with the *Working with Children (Criminal Record Checking) Act 2004*.  Please refer to the Working with Children Check website for further information [www.workingwithchildren.wa.gov.au](http://www.workingwithchildren.wa.gov.au/).
12. MHC is not liable for any accident or negligence resulting in any claim or damage arising from activities undertaken as part of the grant.
13. Recipient organisations are required to be appropriately incorporated and be responsible for ownership of the appropriate insurance policies.  This includes, but is not limited to, Public Liability, Volunteer Insurance, Workers’ Compensation, and Professional Indemnity.
14. An acknowledgement of funding assistance provided by MHC must be included in any advertising and on any material relating to the project by using the words ‘Supported by the Mental Health Commission’.

Any individuals involved with the project must not be exposed to significant promotions for alcohol or unhealthy food and drinks during the term of the project.

**DECLARATION**

On behalf of the applicant organisation, I declare that:

* I am currently authorised to legally enter into contracts 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 taxation details entered in this application are true and correct.
* The organisation is financially viable and able to meet all accountability requirements.
* I give permission to the Mental Health Commission, 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 a grant is provided:
	+ I am aware the Grant Conditions outlined in this document 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 |  |
| Witness name | Click here to enter text. |
| Date | Click here to enter a date. |

**How to Apply**

**APPLICATIONS CLOSE FRIDAY, 6 MAY 2022**

1. Carefully read the Grant Program Guidelines.
2. Complete this Grant Application form.
3. Submit any supporting documents, if required.
4. Ensure the application is signed by the authorised delegate of the Organisation.
5. Submit the fully signed application to the Mental Health Commission
by **5:00pm, Friday, 6 May 2022**, at tenders@mhc.wa.gov.au. **No late applications will be accepted.**

Please direct any questions or queries regarding the Grants Program to sssmyouth@mhc.wa.gov.au.