

## **COMMUNITY GRANT APPLICATION FORM**

### MENTAL HEALTH FIRST AID

#### **Goals of the Community Grant Funding program**

The Black Dog Ride Australia Community Grants program is focused on supporting initiatives that; help people who suffer from mental illness, help prevent suicide, and raise awareness of both mental health and suicide prevention. We are seeking to distribute funding as widely as possible (in terms of location), in programs that make a cost effective, demonstrable and sustainable difference in peoples' lives.

#### Eligibility

To be eligible to apply for a MHFA Community Grant through Black Dog Ride Australia, applicants must meet the following criteria:

- Applicants must be either a; not-for-profit organisation, a not-for-profit constituted body (such as an
  incorporated association), or a not-for-profit community group (this includes a Black Dog Ride Australia local
  1 Dayer committee).
- The intended use of the funds applied for must be consistent with Black Dog Ride Australia's goals of the Community Grant Funding program, as stated above.
- Please read the terms stated in the declaration section at the end of this form before you start.

#### **Submission**

Applications for this round of community grant funding must be made using this form, and be emailed as an attachment to <a href="mailto:office@blackdogride.org.au">office@blackdogride.org.au</a>.

Please do not post a hard copy of your application. Additional information beyond what is requested within this form is not required. Should further information be required we will contact you.

#### **Application Process**

To apply for funding through Black Dog Ride Australia, please follow the instructions below

- 1. Complete this MHFA Community Grant Application Form and ensure the word limit for each section is adhered to.
- 2. Submit your application, as outlined above.
- 3. You will receive a response by email acknowledging receipt of your submission.
- 4. All applications will be reviewed by members of a Black Dog Ride board subcommittee.
- 5. Application outcomes will be advised by email to the contact person you nominate on the application form. It is our aim to notify your contact person of the outcome of your submission as soon as possible.

Applications that are incomplete or ineligible will not be considered.

If you have any questions regarding the application process, please contact the Black Dog Ride Australia office on office@blackdogride.org.au.

#### 1. Applicant Details

| Full registered name of organisation:        |  |  |
|--|--|--|
| Type of organisation (i.e., community group, | not for profit organisation):  |  |
| ABN/ACN (if applicable):                     |  |  |
| Revenue for 2021/2022:                       | and 2022/2023 financial year (if applicable):  |  |
| Is your organisation registered for GST?     | Yes □ No □   |  |
| Website:                                     |  |  |
| Postal Address:                              |  |  |
|  |  |  |
| Name of contact person (and authorised rep   | presentative):   |  |
| Position held by contact person (and authori | ised representative):  |  |
| Phone number:                                | _  |  |
| Mobile number:                               | <u> </u>   |  |
| Email:                                       |  |  |
|  | your organisation's background, mission, population it serves, geographic and experience, networks and partnerships (max 200 words). |  |
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# 2. Acknowledgement of Black Dog Ride Australia's support Describe how Black Dog Ride Australia's support will be acknowledged publicly. This may include promotion via media, internet, newsletters, workshop handouts, or signage (max. 100 words). 3. Referees Provide details of two (2) referees that can comment either on the need for the project you are proposing, or your organisation's ability to deliver the project. Referee 1 Referee 2 Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Organisation: \_\_\_\_\_ Organisation: \_\_\_\_\_ Position: \_\_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

#### 4. Declaration and Consent

This declaration and consent must be made by a person from the organisation submitting the Community Grant Application who has appropriate authority (such as Chief Executive Officer, Director, Chairperson) to declare and consent to the matters required.

In my capacity with the organisation submitting the Community Grant Application, I declare that:

- The information supplied to Black Dog Ride Australia is, to the best of my knowledge, accurate and complete.
- The organisation, on behalf of which the application is submitted, supports the Grant being sought, the program as outlined, and is aware of, and agrees to, the Grantee Obligations that will apply.
- Black Dog Ride Australia will be notified of any change to details provided and will be advised of any circumstances that may affect the accuracy of the Community Grant Application submitted.
- It is understood that Black Dog Ride Australia will make public all successful Community Grant Applications.
- It is understood that the organisation, if successful in its Community Grant Application, will be required to
  enter into a written grant agreement with Black Dog Ride Australia before any grant can be made. Black Dog
  Ride Australia's Standard Grantee Obligations, along with other provisions and obligations, will be reflected in
  the grant agreement.
- I have read Black Dog Ride Australia's Privacy Policy, note that it applies to all personal information collected for the purposes of the Community Grant Application process, and I give consent for the use of such information as contemplated. To enable details of the Community Grant Application to be confirmed, and to facilitate the processing of the application by Black Dog Ride Australia, I consent to Black Dog Ride Australia contacting any relevant persons or organisations about the application and to providing copies of the application to such third parties as may be necessary from time to time.

| Declared by:  | Witnessed by: |
|---------------|---------------|
| Signature:    | Signature:    |
| Name:         | Name:         |
| Organisation: |               |
| Position:     | Position:     |
| Date:         | Date:         |