#

# Homelessness Support

# Grants Program 2024

Thank you for your interest in the Homelessness Support Grants Program 2024.

Before completing this form, please ensure that you:

1. Have read and understood all the information provided in the accompanying Application Guidelines and Grant Conditions.
2. If unsure, please direct queries to the WA Primary Health Alliance (WAPHA) contacts listed below to confirm eligibility and proposal alignment.

Rachel Elbers, Senior Procurement Officer, 08 6278 7955 or

Rachel.Elbers@wapha.org.au

# Applicant

An applicant to the Homelessness Support Grants Program 2024 must be an incorporated, for profit or not-for-profit entity or a local government authority.

If a not-for-profit organisation is undertaking the project and is not incorporated, the grant must be applied for through an auspice that is either a not-for-profit, incorporated organisation or a local government authority. An auspice organisation will assume administrative responsibility and accept and adhere to all terms and conditions of the grant, maintain financial records, and provide reporting information for successful applications.

## Entity or type of organisation (please select)

[ ]  Aboriginal corporation

[ ]  Incorporated association

[ ]  Local government authority

[ ]  Not-for-profit company

[ ]  Not-for-profit trust

[ ]  For profit organisation

[ ]  Organisation established under an Act of Parliament

[ ]  Unincorporated group

[ ]  Other (please detail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Administering Organisation

|  |  |
| --- | --- |
| Legal name of organisation | Click here to enter text. |
| Trading name*if different to the legal name* | Click here to enter text. |
| Contact person | Click here to enter text. |
| Position | Click here to enter text. |
| Email address | Click here to enter text. |
| Telephone | Click here to enter text. | Mobile | Click here to enter text. |
| Postal address | Click here to enter text. |
| Suburb | Click here to enter text. | Postcode | Click here to enter text. |

## Unincorporated organisation applying through an auspice

|  |  |
| --- | --- |
| Legal name of organisation | Click here to enter text. |
| Trading name*if different to the legal name* | Click here to enter text. |
| Contact person | Click here to enter text. |
| Position | Click here to enter text. |
| Email address | Click here to enter text. |
| Telephone | Click here to enter text. | Mobile | Click here to enter text. |
| Postal address | Click here to enter text. |
| Suburb | Click here to enter text. | Postcode | Click here to enter text. |

# Target Group

## The primary target group for the project is people who are homeless or at risk of experiencing homelessness.

# Location

## Select the WA region/s where the project will be delivered

|  |  |
| --- | --- |
| [ ]  Perth Metropolitan Area – North[ ]  Perth Metropolitan Area – South[ ]  Perth Metropolitan Area – East[ ]  Statewide[ ]  Gascoyne [ ]  Goldfields Esperance[ ]  Great Southern | [ ]  Kimberley[ ]  Mid-West[ ]  Peel[ ]  Pilbara[ ]  South West[ ]  Wheatbelt |

# Project Scope/Details – please complete Attachment 1

# Community Partnerships

Collaboration with other organisations is strongly encouraged particularly in Country or statewide applications.

An organisation providing a product or service that is being paid for is not considered to be a project partner.

List any project partners that will provide support to the planning, development, implementation and/or joint undertaking of the project, either cash or in-kind, and outline the contribution.

|  |  |
| --- | --- |
| Organisation | Contribution to the project |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

# Timeline

|  |  |
| --- | --- |
| Anticipated project commencement date\* | Click here to enter a date. |
| Anticipated project completion date^ | Click here to enter a date. |

\* WAPHA will not fund expenses incurred before the grant term.

^All projects must be completed within 12 months of the contract start date.

.

# Budget

|  |  |
| --- | --- |
| Requested grant amount (ex GST) | $Click here to enter text. |

**Do not include GST in the costings below.**

| **Budget Item** | **Grant****($ excluding GST)** | **Other Cash or Grants****($ excluding GST)** | **In-kind Support** | **Source of Other Cash or In-kind Support** |
| --- | --- | --- | --- | --- |
| What the funding will be spent on | Proposed grant expenditure from this Grant Program only | Any other cash income anticipated for this project from the applicant and/or project partners | An estimated dollar value of the in-kind support for the project from the applicant and/or project partners | Note the source of Other Cash or In-kind support and if this is confirmed or unconfirmed with the source |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **TOTAL** | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |

# Assessment Criteria

1. Please describe how your project meets the Assessment Criteria.
2. Program Alignment: The service must already be providing primary health care services and/ or support to the priority population in the PHN region.

Click here to enter text.

1. Client Impact: The extent to which the proposed activities will deliver value or benefits to the priority client population, for example:
	1. Inclusive, safe and effective delivery of care
	2. Enhanced health outcomes for consumers/clients
	3. Improved access for consumer/clients
	4. Engagement and empowerment of consumers and/or communities and/or
	5. Improved organisational capacity/capabilities such as cultural competency, trauma informed care.

Click here to enter text.

1. Project Planning: The extent to which the applicant has developed a realistic and practical implementation plan given the short timeframe.

Click here to enter text.

1. Project Sustainability: The extent to which the project can demonstrate the ongoing application of the criteria under b) Client Impact and the ongoing benefits it will have for the organisation or the primary health homelessness support sector through elements such as service integration and improved care coordination and communication.

Click here to enter text.

1. Applications meeting the Assessment Criteria will also be assessed on:
2. Value for Money: the project or proposal represents value for money

Click here to enter text.

1. Sustainability: long-term sustainability of any proposed activities must not be contingent on ongoing funding.

Click here to enter text.

# Taxation and Banking Details

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

**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**

|  |  |
| --- | --- |
| 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. |

# 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 and banking 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 WAPHA, 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 the accompanying Application Guidelines and Grant Conditions 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. |

# Application checklist

Before applying, ensure the following have been completed and checked:

|  |  |
| --- | --- |
| Checklist item | Complete |
| The Guidelines and Grant Conditions have been read and understood by the authorised signatory or delegate of the administering organisation, and any other relevant parties. |[ ]
| All questions in the application form are complete. |[ ]
| The application has addressed all assessment criteria specified in the program Guidelines. Items 1-2. |[ ]
| A project plan is attached. |[ ]
| The taxation and banking details of the administering organisation have been entered and are correct. |[ ]
| The declaration has been signed by the authorised signatory or delegate of the administering organisation. |[ ]
| All attachments have been included in the application (i.e. letters of support, etc.), where applicable. |[ ]

# Submitting an application

Applications close at **2:00pm, 24th January 2025** and will be accepted via the WA Primary Health Alliance (WAPHA) eTenderBox, at: **2024-82@wapha.org.au**

All applications will be acknowledged with an automated receipt after being lodged.

**Applications received after the closing date will not be accepted**.

|  |
| --- |
| Name of Project: |
| Scope/descriptionClick here to enter text. |

# Attachment 1 – Project Scope and Details