

# CALD COVID-19 Health Small Grants Fund Application Form

\* Required

## CALD COVID-19 Health Small Grants Fund Application

Please read the **CALD COVID-19 Health Small Grants Fund - Grant Application Guidelines** before completing this form.

You can download it at the following link [https://fecca.org.au/wp-content/uploads/2022/02/CALD-COVID-19-Small-Grants-Project-Application-Guidelines\\_16022022.pdf](https://fecca.org.au/wp-content/uploads/2022/02/CALD-COVID-19-Small-Grants-Project-Application-Guidelines_16022022.pdf) ([https://fecca.org.au/wp-content/uploads/2022/02/CALD-COVID-19-Small-Grants-Project-Application-Guidelines\\_16022022.pdf](https://fecca.org.au/wp-content/uploads/2022/02/CALD-COVID-19-Small-Grants-Project-Application-Guidelines_16022022.pdf)).

You can preview the questions in the Application Form by downloading it at the following link <https://fecca.org.au/wp-content/uploads/2022/02/CALD-COVID-19-Health-Small-Grants-Fund-Application-Form-Preview-Microsoft-Forms.pdf> (<https://fecca.org.au/wp-content/uploads/2022/02/CALD-COVID-19-Health-Small-Grants-Fund-Application-Form-Preview-Microsoft-Forms.pdf>).

TIP: We suggest you prepare your answers in a separate document and then copy and paste them into the form, as you cannot save your progress as you complete it online.

### 1. Project Title \*

### 2. Amount Requested

FECCA will also consider proposals for larger grants. Please EMAIL [smallgrants@fecca.org.au](mailto:smallgrants@fecca.org.au) (<mailto:smallgrants@fecca.org.au>) to discuss this further BEFORE completing this form. \*

\$5000

Other

3. Total Amount Requested (AU\$) \*

The value must be a number

4. Project Start Date \*



Format: M/d/yyyy

5. Project End Date (Note: All projects must be completed by 30 June 2022) \*



Format: M/d/yyyy

## Applicant Details

Community organisations must be registered as an incorporated organisation in their state or territory. If you are not registered, please see next section.

### 6. Name of Applicant \*

### 7. Name of Organisation

### 8. Organisation's Australian Business Number (ABN)

The value must be a number

### 9. Applicant's Email \*

### 10. Applicant's Contact Number \*

The value must be a number

### 11. Applicant's Mailing Address \*

## Auspecting Organisations

If your community organisation is not registered as an incorporated organisation, you can partner with a local multicultural organisation to auspice this grant. This means they will apply for the grant on your behalf and manage the funds. You will require a letter of support from the auspecting organisation. You can allocate a small amount in the budget for the admin management for the auspice organisation. Please see the Grant Application Guidelines for more information.

12. Do you need an Auspecting Organisation? \*

Yes

No

## Auspecting Organisation (If the applicant is not registered)

Please email the letter of support from the auspecting organisation to [smallgrants@fecca.org.au](mailto:smallgrants@fecca.org.au) (<mailto:smallgrants@fecca.org.au>).

13. Name of Auspecting Organisation \*

14. Auspecting Organisation's Australian Business Number (ABN) \*

The value must be a number

15. Auspecting Organisation's Contact Person \*

16. Auspecting Organisation's Email \*

17. Auspecting Organisation's Telephone \*

The value must be a number

## Project Description

Please provide a short description of your project, answering the following questions.

If you would like to submit the Project Description in your language, or through a different medium such as audio or video, please contact [smallgrants@fecca.org.au](mailto:smallgrants@fecca.org.au) (<mailto:smallgrants@fecca.org.au>), for more information.

18. What is the issue? What does your group or organisation want to do? (max 100 words) \*

19. Why is it an issue? (max 100 words) \*

20. How does your organisation plan to do it? (max 100 words)

**Please indicate the number and type of Activity or Activities at the beginning of your response**

**E.g.**

- **2 x Face-to-face meeting:** We will organise face-to-face meetings to have a Health Professional speak...
- **4 x Four Online meeting:** We will arrange zoom meetings for...

\*

21. Who will benefit? (max 100 words)

**Please indicate at the beginning of your response:**

- **Local Government Area (LGA)** e.g. Blacktown, NSW
- **Target group** e.g. women, elderly, refugee, religious group
- **Language and/or Ethnic Group** e.g. Spanish in Latin American Countries

\*

22. What are the expected outcomes? (max 100 words) \*

23. How will you know if these outcomes have been achieved? (max 100 words)

They will need to me measurable outcomes, for example:

- Number of people reached during the project (via, people participating, number of views of online materials etc.)
  
- Surveys that measure their change in perceptions and attitudes about the vaccinations after a communications activity \*

# Project Budget - Income

24. Amount requested in this application (AU\$) \*

The value must be a number

25. Have you received COVID-19-specific funding from state governments? If so, what amount?

26. In-kind contributions (AU\$)

The value must be a number

27. Total Income - The requested amount + in-kind contributions + any other grants or payments towards the project (AU\$) \*

The value must be a number

## Project Budget - Expenditure

Note: if you are applying with an auspicing organisation, please factor in the administrative costs that may be incurred (max 10%), in the total grant amount. Please contact FECCA for more details and support about auspicing.

The grant cannot cover the following expense:

1. Activities, projects, or initiatives that are inconsistent with the objectives
2. Individuals, private and profit-making organisations
3. Activities, projects, or initiatives that have already commenced or where the organisation has committed expenditure prior to the notification date
4. Professional fees (e.g., labour, salary, wages)
5. Interstate or overseas travel
6. Competitions, prizes, sponsorships, donations, or gifts
7. Organisation social outings and gatherings that do not meet the objectives (e.g., excursions/trips or celebrations/parties)
8. Fixed assets and equipment, building maintenance or capital improvements

If you have quotes or invoices for budgeted expenses, you can send them to [smallgrants@fecca.org.au](mailto:smallgrants@fecca.org.au) (<mailto:smallgrants@fecca.org.au>), with your Project Title and Name of Organisation in the subject line of the email.

28. Please detail the breakdown of the individual line items such as design of communication material, consultations etc.

Example:

1. Travel expenses - \$200
  2. Venue hire - \$350
  3. Design of material - \$150
  4. Printing of materials - \$100
  5. Materials for discussion groups (eg. pens, markers, butcher's paper) - \$200
  6. Refreshments - \$200
- etc. \*

## Referees

Provide a referee who could provide additional information about your community group or organisation.

29. Name and Position of Referee \*

30. Referee's Organisation \*

31. Referee's Contact number \*

The value must be a number

32. Referee's Email \*

## Conflict of Interest

A conflict of interest is a situation in which a person or organization is involved in multiple interests, financial or otherwise, and serving one interest could involve working against another.

33. Do you have a conflict of interest? \*

Yes

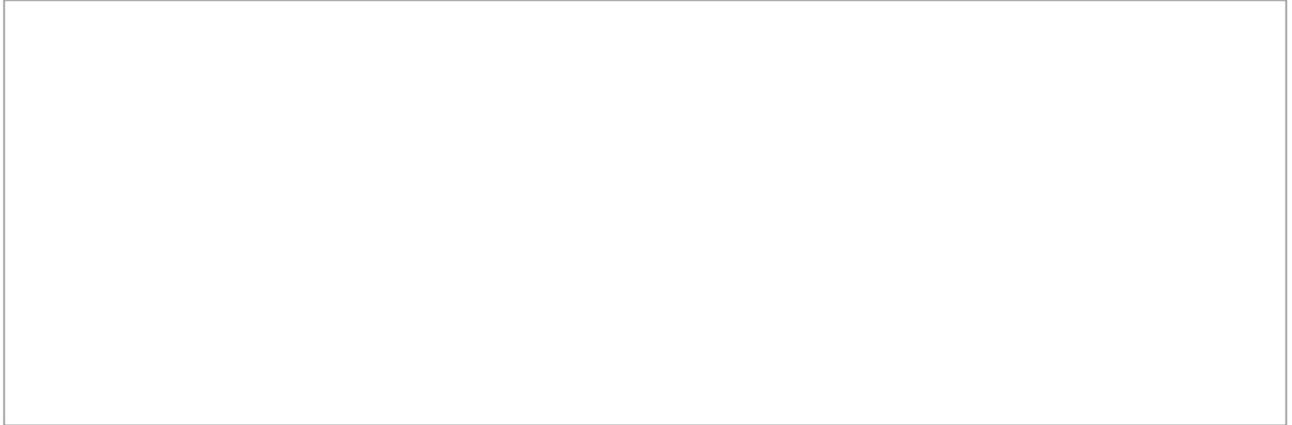
No

34. If you have a conflict of interest, please provide the details below and how you intend to address it.

## Risks

Example: What will you do if there is a lockdown in your area and cannot perform the face-to-face activities for a period of time?

35. What are the risks associated with your proposal and how will you manage these risks? \*



## Additional Information

- 36.
- Previous Small Grants Application ID (if you have completed a Small Grants Project before)
  - Links to your website, social media, and other advocacy work your organisation is doing
  - Any additional details

---

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms