

# Suicide Prevention Grants Application Form

## Type of applicant

(tick appropriate applicant type)

- Community member
- Community organisation
- Community group
- Non-government organisation
- Government organisation
- Private entity

## Which objective will your application seek to meet? (tick all appropriate objectives)

- Peer-led approaches to suicide prevention through social connectedness
- Increasing public awareness of suicide, reducing stigma

## Organisation/group name

Name

Australian Business Number (ABN)

Is the applicant registered for GST?  Yes  No

## Postal address

Street

Suburb

Postcode

## Bank account details (to deposit grant funds)

Account name

BSB

Account No.

## Primary contact

Name

Position in organisation/group

Phone No.

Email

## Insurance details

Applicants must provide certificates of currency with their submission.

### Public liability insurance (minimum \$20million per claim)

Provider name

Coverage amount (\$)

### Professional indemnity insurance (if applicable)

Provider name

Coverage amount (\$)

### Workers compensation insurance (as required by legislation))

Provider name

Registration number

If your organisation **does not employ any workers** and is not required to purchase workers compensation insurance, please tick this box.

## Auspicing arrangements

If your organisation/group proposes the grant is auspiced and administered by another agency, please record the organisation name below and arrange for the auspicing agency to complete the Auspicing Agreement Form in the attached Appendix, and submit with your application.

**Grant auspiced**  Yes  No

**Auspicing agency** (include name of entity as registered to ABN, and the ABN)

Name

ABN

## Conflict of interest declaration

This refers to any relationship which may affect the decision making for the grant.

**Do you have a conflict of interest to declare?**  Yes  No

If you answered Yes, please specify what your conflict is.

## Grant priority populations

Which priority population/s will your activities support? (tick appropriate box/es)

- Men
- Aboriginal and Torres Strait Islander peoples
- Individuals who identify as LGBTQIA+
- Recent refugees
- Individuals from a culturally and/or linguistically diverse background
- Veterans
- People living in semi-rural and rural areas
- Those experiencing financial hardship
- Other

## Local Government Area (LGA)

In which Local Government Area will activities be focused? (tick appropriate box/es)

- Bankstown
- Fairfield
- Liverpool
- Campbelltown
- Camden
- Wollondilly
- Wingecarribee

# Proposal and activities

**Project name**

Describe your proposed activity, including how it meets the program aim and objectives

Please describe the evidence of need relating to impact of mental health concerns and the expected benefit(s)

Please detail any key activities, timeframes and intended outcomes of proposed activity

Key activities	Timeframe	Intended outcomes

# Budget

Provide a breakdown of how you intend to use the grant funds

Activity/item	Comments	Amount (\$)
Total expenditure (\$)		

Please describe how your organisation will deliver the activity on time and within budget

Other comments/information

# Declaration

To be completed by the applicant/authorised representative (tick boxes)

Agree

I confirm the contents of this application are, to the best of my knowledge, accurate, complete and do not contain any false, misleading or deceptive misrepresentation, claims or statements

I declare funding has not been sought or received for this project from any other source

I declare as the applicant, organisation/group or auspicing agency, I am financially viable and able to manage the funding within the timeframe and budget

I understand the evaluation panel's decision is final, and that no correspondence will be entered into

I understand and accept information provided in this application may be stored by SWSPHN in various hardcopy and/or electronic formats

I understand this application does not create a legal or binding commitment and if successful I will be bound by a grant agreement with SWSPHN

I understand I am required to have current and adequate insurances in place

If this application is successful, I agree to provide a written summary report in the specified format to SWSPHN on activity outcomes. I am aware components of the report may be utilised by SWSPHN for auditing or publication purposes

I understand if the conditions of the funding are not complied with, SWSPHN may seek to recover any funds allocated

I confirm I am an authorised representative of this community/organisation/group

Name of authorised representative

Position of authorised representative

Signature

Date

**Please send completed application form  
by 5pm, Monday, 25 March 2024 to:  
[communitygrants@swsphn.com.au](mailto:communitygrants@swsphn.com.au)**

## Appendix

If you (or your organisation) propose the grant is auspiced and administered by another agency the following form must be completed by the auspicing body and submitted with your application.

# Auspicing Agreement Form

Name of auspicing organisation

Address of auspicing organisation

Street

Suburb  Postcode

ABN and ACN the auspicing organisation is operating under

ABN  ACN

**I confirm this auspicing organisation agrees to auspice this applicant/organisation/group for their community project**

Applicant/organisation/group name

Community project name

I confirm I am an authorised representative of this auspicing organisation

I understand this auspicing organisation will be responsible for the following compulsory obligations and agree it will:

- Take receipt of grant funds on behalf of the above-named auspiced party and to pass on 100% of funds to implement the project
- Monitor the project and ensure its timely completion
- Complete the financial expenditure and ensure funding is expended on time, and:
- Provide the auspiced party adequate insurance coverage as follows:
  - Public Liability \$20,000,000 per claim
  - Professional Indemnity (if applicable)
  - Workers Compensation as required by legislation

Name of authorised representative

Position of authorised representative

Email address of authorised representative

Signature

Date

**Bank account details** (to deposit grant funds)

Name of bank  Account name

BSB  Account No.

**Please send completed application form by 5pm, Monday, 25 March 2024 ,  
to: [communitygrants@swsphn.com.au](mailto:communitygrants@swsphn.com.au)**