**HealthWISE Gift Fund Application**

HealthWISE is a registered not for profit organisation that is committed to improving health and wellbeing in our communities with a particular focus on the prevention of disease. One area that supports our not for profit aims is our ability to provide small sums of financial support to organisations for activities that share our focus on the prevention of disease.

**Conditions of support:**

* The activity seeking support must be within the service delivery area of HealthWISE (the Local Government NSW Areas of Tamworth, Liverpool Plains, Armidale, Moree Plains, Narrabri, Gunnedah, Inverell, Glen Innes, Guyra, Gwydir Shire, Tenterfield, Uralla and Walcha and Local Government QLD Areas of Ipswich, South Burnett, Somerset and Scenic Rim.)
* The activity must support communities or individuals in prevention of disease and meet the selection criteria.
* Maximum amount of funds available per successful application is up to $3000.00
* Successful applicants must complete an evaluation 21 days from the conclusion of the scheduled activity.
* All funded activities will be featured and promoted on the HealthWISE website for the purpose of promoting the HealthWISE Gift Fund – Photos and any relevant logos will need to be supplied by the applicant
* Applications will be reviewed by a committee as they arrive and selection will be based on upon applicants meeting the gift fund criteria and the amount of funds available each year in the gift fund.
* If the application is successful for funding, payment will be made upon receipt of a tax invoice or an invoice accompanied by a “statement of a supplier”.
* Please allow 30 days for processing of an application.

For further information regarding this application or a status update, please contact:

**Georgia Etheridge**

Communications and Marketing Manager

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**HealthWISE Gift Fund Application**

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| **Applicant’s organisation’s name and address:** |  |
| **Name, address and contact details of person responsible for this application and the final evaluation form:** | Name:Address:Email:Phone: |
| **ABN number** (if applicable). | \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_(11 digits)If not registered for with an ABN number, application will need to submit “Statement of a Supplier with no ABN” attached to this application. The online statement is available at this link: https:[//www.ato.gov.au/uploadedFiles/Content/MEI/downloads/Statement%20by%20a%20supplier.pdf](file:///%5C%5Chwnw-rdp1%5Cdata%5CFINANCE%20%26%20ADMIN%5CFinance%5CGift%20Fund%5CHealthWISE%20Gift%20Fund%20Application.docx) |
| **Describe your organization:** |  |
| **Describe your proposed activity:** *Please include:** *How your activity supports communities or individuals in disease prevention, management and treatment.*
* *Will there be an opportunity for HealthWISE to be promoted eg. Logo on program/brochure?*

*Description continued:* |  |
| **Starting date for activity:** |  |
| **End date for activity:***(Evaluation form and photo’s must be submitted to HealthWISE 21 days after the activity ends)* |  |
| **Where will the Activity be held:** |  |
| **How many people do you expect to attend or participate in the activity or event:** |  |
| **Funds required:****(Maximum of $3000 per application)** |  |
| **Provide an estimated breakdown of how the funds will be utilised:** *For example:** *Venue Hire*
* *Catering*
* *Supplies*
* *Travel Expenses*
 |  |
| **Signature of Applicant:** | I am authorized to complete this application on behalf of the organization stated above and I permit HealthWISE to promote this activity/event on the HealthWISE website for the purpose of promoting the Gift Fund.Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ |

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| **HealthWISE Office Use Only:** |  |
| Does the application support a community or individuals in disease prevention, treatment and management?Are their sufficient funds available? |  |
| Recommendation of HealthWISE Committee: |  |

**Gift Fund Evaluation Form**

*(to be completed and forwarded to HealthWISE within 21 days from the end of the Activity)*

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| **Applicant’s name and address:** |  |
| **Description of Activity/event:** |  |
| **Describe what happened or the outcomes of the activity/event:***Please include:* * *The number of people attending or participating in the activity;*
* *What worked well or highlights of the event and outcomes;*
* *What were the challenges and what would you change if the activity was to be repreated.*
 |  |
| **Please attach photos and any relevant logo’s (High Resolution format) for inclusion on HealthWISE website:** |  |
| **Signature of Applicant:** | I acknowledge that I am an authorized person for the above organization and I have submitted a true account of the activity. Where appropriate, I have sourced consent to utilise the images attached to this evaluation and I hereby authorize for HealthWISE to use these images/logo for the purpose of promoting the gift fund.Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |