**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 initiative that supports our not for profit aims is our ability to provide small grants to organisations for activities that share our focus on the prevention of disease.

**Conditions of support:**

* The activity seeking support must take place

(a) In a town with a population of less than 10,000 people; and

(b) within the service delivery area of HealthWISE (the NSW Local Government Areas of Tamworth, Liverpool Plains, Armidale, Moree Plains, Narrabri, Gunnedah, Inverell, Glen Innes, Guyra, Gwydir Shire, Tenterfield, Uralla and Walcha and QLD Local Government Areas of Ipswich, South Burnett, Somerset and Scenic Rim.)

* The activity must support communities or individuals in the prevention of disease and meet the location and population criteria.
* The activity/activities must take place between 1 July 2019 and 30 June 2020.
* Maximum amount of funds available per successful application is $3000.00
* Successful applicants must complete an evaluation form within 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 close at 5pm Sunday June 23, 2019.
* If the application for funding is successful, payment will be made upon receipt of a tax invoice, or if your organization does not have an ABN, an invoice accompanied by an ATO “statement by a supplier”.

For further information regarding this application please contact:

**Louise Ingall**

Communications Lead

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**HealthWISE Gift Fund Application**

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| **Organisation 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, applicants 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> |
| **Describe your organisation:** |  |
| **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. For example, our logo on program/brochure?* |  |
| **Starting date for activity:** |  |
| **End date for activity:**  *(Evaluation form and photos 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 authorised to complete this application on behalf of the organisation 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: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ |
| **How did you hear about the HealthWISE Gift Fund:** |  |

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| --- | --- |
| **HealthWISE Office Use Only:** |  |
| Does the application support a community or individuals in disease prevention, treatment and management? |  |
| 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 who attended or participated 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 repeated.* |  |
| **Please attach photos and any relevant logos (High Resolution format) for inclusion on HealthWISE website:** |  |
| **Signature of Applicant:** | I acknowledge that I am an authorised person for the above organisation 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 authorise for HealthWISE to use these images/logo for the purpose of promoting the gift fund.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |