



# **Calvary Community Council Grants**

## **Overview and Application Package**

## **Introduction**

The Calvary Community Council (CCC) has been established by Calvary Health Care Tasmania to advise it on the management of its community funds. The Council is responsible for two funds, the Mary Potter Fund and the Community Fund.

The Council's mission is to reach out to Tasmanians to provide assistance to people in need. This mission complements the founding philosophy of the Little Company of Mary of 'being for others'. It also reflects Catholic tradition and the values of the Gospel.

## **Mary Potter Fund**

In 1994 the Mary Potter Fund was established to provide a unique service for those in need of hospital care, who may not be able to access the facilities of Calvary Health Care because of economic hardship. This fund responds to submissions from Accredited Visiting Medical Practitioners only.

Since its inception, the Mary Potter Fund has provided assistance to hundreds of Tasmanians.

## **Community Council Grants Program**

Calvary Health Care Tasmania is committed to assisting the Tasmanian community, not just through excellence in its hospital and medical services but through projects which will build a healthier and happier community.

Under the chairmanship of leading Tasmanian businessman, Michael Kent, the Community Council assists Calvary Health Care Tasmania in identifying and funding projects that will be of benefit to the Tasmanian community.

As part of the Support Program monetary grants will be offered and non-monetary support will be considered.

## **Areas of Focus**

The Calvary Community Council wishes to support processes, events and activities that make a positive difference to society. To do this it focuses on the following four areas:

### **Nutrition**

Good nutrition has a critical impact on the development and potential of infants and children, and contributes to the health and wellbeing of adults. The economic and social costs of poor nutrition are considerable. Improving Tasmanians' diets therefore has the potential to cut health care costs and improve quality of life.

The Calvary Community Council will therefore consider support for initiatives that:

- Improve nutrition for vulnerable groups
- Promote access to affordable nutritious food for people who are disadvantaged.
- Develop sustainable cooperative endeavours to increase food affordability.
- Explore ways people who are disadvantaged can make an impact on the problems of food insecurity, poor nutrition and obesity.

### **Early childhood**

Experiences in early childhood have been proven to form the foundations for health, development and wellbeing throughout life.

The Calvary Community Council will consider support to initiatives that:

- Recognise the particular problems faced by families experiencing family instability or stress, social isolation, socio-economic disadvantage and/or lack of support services.
- Promote the health, development and wellbeing of 0-4 year olds.
- Promote antenatal care and maternal nutrition.
- Promote secure attachment of 0-4 year olds.
- Promote the supportive social relationships and networks of families of 0-4 year olds.
- Promote the participation in community activities of the parents of 0-4 year olds.

### **Older people**

In order to help build a society in which older people lead satisfying and productive lives with maximum independence and wellbeing, the Calvary Community Council will consider providing support to initiatives that:

- Promote the dignity and worth of older people
- Increase the participation of older people in the workforce, education, leisure and volunteering.
- Recognise the diverse needs of older people, including the diversity of gender, culture, language, geographical and socio-economic circumstances.

### **Oral health**

The Calvary Community Council recognises the integral role of oral health care in the promotion of general health and wellbeing.

The Community Council will therefore consider support for initiatives that:

- Create environments supportive of good oral health
- Develop personal skills in oral hygiene in people at risk of oral disease.
- Target people who do not access oral health services.
- Target people with the highest levels of oral disease.
- Respond to needs identified by community representatives and primary care workers.

## **The Calvary Health Care 'In Kind' Support Available:**

Calvary Health Care Tasmania employs qualified and skilled staff who could be made available to offer support in the following areas:

- Project management
- Information and guidance in relation to clinical areas
- Community education
- Modes of communication e.g. information technology networking
- Public relations
- Financial management
- Social support skills
- Administration support
- Practical support e.g. assistance with working bees etc.

## Exclusions

The Calvary Community Support Program is unable to support the following:

- Construction works
- Commercial film making
- Formal education
- 'For-profit' bodies and activities
- Individuals
- Medical research
- Organisations based outside Australia
- Personal travel
- Private scholarships and bursaries
- Public appeals and fundraising drives
- Retrospective funding
- Applications for funding before acquittal of previous support
- Projects that will extend over more than two (2) years.

## How to apply

The Calvary Community Council will consider supporting any activity that furthers our objectives, meets our requirements and addresses our areas of focus.

Included with this application form is a cover sheet with checklist and a 'Summary of Application Form' to ensure that all the required information is included with the application.

Only one application from any one organisation will be accepted for consideration in each funding round.

Your application should be brief and to the point and run to a maximum of four pages in no less than 10 point font. It can include any number of attachments such as reports, evaluations, research findings, press clippings, videos or other relevant material, to support your case.

Your application should be divided into five parts.

1. Background to project
2. A summary of the project
3. The objectives of the project
4. Support requested
5. Evaluation
6. Report on success of project

### **1. Background to the Project**

This section should provide a context to the issue you are addressing. If possible, try and quantify the extent of the problem or need you would like to address. If your organisation has a history of addressing this issue, provide a brief history of this work.

It is useful to cover the following:

- Why does the work you are proposing to do need to be done?

- What has been done in your area to address this issue and by whom?
- What is known about the issue and what research has been done on it?
- How well placed is your organisation to do this work?

## **2. A Summary of the project**

This section should describe in detail the project you are proposing and what difference it will make.

It is useful to cover the following:

- What are you proposing to do and why?
- How does your proposal relate to the Community Council's areas of focus?
- Who is going to do the work and how well qualified are they to do it?
- Where will the work be done?
- How long will it take?
- How is this project different from other attempts to address this issue?
- How will the work continue after the current support period?

## **3. The objectives of the project**

Please set out the outcomes you expect to see from your project. We would like to see the short, medium and long term objectives of the project. This can be done in bullet points.

## **4. Support requested**

You must provide a full project budget indicating which component or proportion you need support by the Community Council. Support for projects that will extend over more than two (2) years will not be considered.

You may wish to consider access to non-monetary support in your application.

Your budget must show where you have received or expect to receive support in cash or in kind from other parties, including a contribution, in cash or in kind, from your own organisation.

Do not include provision for GST. The Australian Tax Office has issued a Private Ruling to members of Philanthropy Australia Inc. that states that grants made to non-profit organisations will not incur GST:

It is necessary for your budget to cover the following:

- What is the overall cost of the project?
- Are you asking for full or part funding of the project?
- Are you asking for any non-monetary support?
- Have you provided for the cost of monitoring, evaluation and reporting on the outcomes of the project?

## **5. Evaluation**

Please provide information about how the project will be monitored and evaluated.

## **6. Report on success of project**

All grant recipients are asked to provide, within three (3) months of the conclusion of the project a written report and a statement of account to the Community Council.

## Documentation required to accompany your application

- Completed 'Application Coversheet' including checklist (*attached*)
- Completed 'Summary of Application Form' (*attached*)
- Evidence of incorporation as a not-for-profit body
- Evidence of Tax deductible status – please supply a copy of the ATO notification letter
- Evidence of Deductible Gift Recipient (*if applicable*) – please supply a copy of the ATO notification letter.
- Australian Business Number (ABN) - please supply a copy of the ATO notification letter.
- Current audited Financial Statements and/or Annual Report (*if applicable*)

## How and when to send your application

Your application should reach Calvary's Lenah Valley Campus (49 Augusta Road) by close of business at 5.00 pm on the specified closing date and should be addressed to:

Calvary Community Council  
Calvary Health Care Tasmania  
GPO Box 1523  
HOBART TAS 7001

Attention: Jenny Plapp

You may also email your application (excluding your supporting documentation) to [j.plapp@calvarytas.com.au](mailto:j.plapp@calvarytas.com.au)

Receipt of your application by the due date does not guarantee that it will be supported by the Community Council.

### Assessment Timetable:

We understand that applicants are keen to know the results of the assessment process as soon as possible and, if successful, commence their project. The timetable below sets out the dates for this round of grant applications:

Activity	Timeframe (2009)
• Grant round opens	Saturday 12 September
• Grant round closes	Friday 23 October
• Applications acknowledged	Monday 2 November
• Grants assessed	November / Meeting of CCC 11 November
• Notification of assessment outcome	Wednesday 2 December
• Grant invoices received	Thursday 17 December
• Grants disbursed to successful applicants	Monday 21 December
• Report of project provided	Within three (3) months of completion of project

Phone: 6278 5224  
 Fax: 6278 5143  
 Email: [jplapp@calvarytas.com.au](mailto:jplapp@calvarytas.com.au)  
 Website: [www.chctasmania.com](http://www.chctasmania.com)



## CALVARY COMMUNITY COUNCIL GRANT APPLICATION COVERSHEET GRANT ROUND – MAY 2010

Please ensure both pages are completed and the application is signed.

### 1. Organisation details

The 'organisation' is the body applying for the grant and undertaking the proposed project or activity.

#### Name of Organisation

ABN 

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If no ABN, please supply a copy of the Statement by a Supplier form or go to number 2 "Sponsor Details" on next page to nominate a sponsor if you are unincorporated.

#### Postal Address

Postcode

#### Contact person (for enquiries regarding application)

Mr  Mrs  Ms  Miss  Dr   
 Other \_\_\_\_\_ (please specify)

#### Name

#### Position in Organisation

#### Telephone (business hours)/mobile/fax

#### Email Address

#### Alternate Contact

Name:	
Position:	
Phone number / email address:	

### 2. Sponsor details (if applicable)

Unincorporated organisations must have a sponsor for the project - an incorporated body that will accept legal and financial responsibility for the project. The sponsor must complete the letter at Attachment A.

Sponsoring organisation's name
Name of authorising person
Signature

Postal Address																				
Postcode																				
Email:																				
Phone:																				
ABN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				

If no ABN, please supply a copy of the Statement by a Supplier form.

#### Name of project:

Summarise the project on 'Summary of Application Form' – Attachment A

#### Amount of grant requested:

\$.....
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Have you applied for funding for this project in any previous CCC grant round? Yes  No

Have you (and your sponsor) met all previous reporting obligations from previous CCC grants? Yes  No  N/a

[note: outstanding reporting obligations will make your application ineligible for consideration]

**3. Regional location**

Please indicate where the project will be undertaken:  
 Statewide..... South .....  
 Central..... East .....  
 North-East..... North .....  
 North-West..... West .....

**4. Project category**

Please indicate the one project category that best fits:  
 Nutrition   
 Early childhood   
 Older people   
 Oral health

**5. Agreement and declaration**

If a grant application is approved, the organisation (and sponsor, where applicable) agrees to the following conditions:

1. Use the grant only for the purpose for which it was given.
2. Meet any special conditions that are attached to the grant.
3. Provide reports to the CCC at the conclusion of the project.

**Full conditions are set out in the grant deed.**

I certify that, to the best of my knowledge, all the information provided in this application, including the attachments, is current and correct. I give permission to the CCC to contact any persons in the processing of this application. I give permission for the CCC to collect and store the information contained in this application in accordance with the *Personal Information Protection Act 2004*.

*I certify that I have the authority to sign for and on behalf of the applicant.*

<b>Name of Authorising Officer</b>	
<b>Position in Organisation</b>	
<b>Signature</b>	<b>Date</b>

<b>YOUR GRANT APPLICATION CHECKLIST</b>	
Please use this checklist to complete your application. <b>Incomplete applications may not be considered.</b>	
<b>Before you prepare your application, make sure you:</b>	Read the guidelines and confirm your organisation's eligibility to apply <input type="checkbox"/>
	Carefully consider the 'preference in funding' information <input type="checkbox"/>
<b>Before you send in your application, make sure you:</b>	Provide information relating to your organisation, including ABN and a copy of ATO notification letter <input type="checkbox"/>
	Include evidence of incorporation as a not-for profit body <input type="checkbox"/>
	If your organisation is unincorporated: <input type="checkbox"/> <ul style="list-style-type: none"> <li>• provide details of your sponsor; and <input type="checkbox"/></li> <li>• attach the letter from your sponsoring organisation. (Attachment B) <input type="checkbox"/></li> </ul> <div style="text-align: right;">NA</div>
	Provide full project budget indicating the funding component you are requesting <input type="checkbox"/>
	Supply copy of ATO notification letter as evidence of tax deductible status <input type="checkbox"/> <div style="text-align: right;">NA</div>
	Copy of your organisation's current audited financial statements and /or annual report <input type="checkbox"/>
	Indicate the region and project area <input type="checkbox"/>
	Clearly indicated if you have outstanding reporting obligations from previous grants <input type="checkbox"/> <div style="text-align: right;">NA</div>
	Sign the application form <input type="checkbox"/>
	Read the Personal Information Collection Authority <input type="checkbox"/>
	Keep a copy of your funding application for your records <input type="checkbox"/>

**Applications close 5:00pm Friday 23 October 2009.**

**The application should be posted or hand-delivered by the closing date to:**

<b>Post:</b>  Calvary Community Council Calvary Health Care Tasmania GPO Box 1523 HOBART TAS 7001  <u>Attention:</u> Jenny Plapp	<b>Deliver:</b>  Reception: Calvary Health Care Tasmania Lenah Valley Campus 49 Augusta Road Lenah Valley, Tas
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## SUMMARY OF APPLICATION FORM – ATTACHMENT A

<b>Name of Organisation Applying</b>	
<b>Name of Project</b>	
<b>Amount Requested</b>	
<b>Total Project Cost</b>	
<b>'In Kind' Support requested</b>	
<b>Name of Contact Person</b>	
<b>Phone</b>	
<b>Email</b>	

### **Background**

Short statement about the issue to be addressed and background information on your organisation.

### **The project**

Brief description of the proposed project and how it relates to the Community Council's focus areas

### **Objectives**

List the key project objectives

### **Evaluation**

How the project will be evaluated

### **Funding and budget**

Project income (confirmed and unconfirmed) and project expenditure in the context of the overall budget

**Attachment B: Sponsoring Organisation Letter.**

**This letter must be provided on the sponsoring organisation's official letterhead**

Date

Mr M. Kent  
Chairperson  
Calvary Community Council  
GPO Box 1523  
HOBART TAS 7001

Dear Mr Kent

Our organisation is incorporated and is prepared to act as the sponsoring body for the *[name of applying organisation]* should it be successful in obtaining funding from the Calvary Community Council to undertake *[name of proposed project]*.

We are aware that the grant will be paid to our organisation and we accept the legal and financial obligations involved in accepting the grant.

In particular, our organisation will accept responsibility for ensuring:

- the grant is used only for the purpose in which it was provided, and for the specific items listed in the deed;
- prior written approval of the CCC is sought if changes to the project, budget or timeframe are required; and
- a report is submitted on completion of the project.

I understand if we do not meet our obligations, the CCC may withdraw the grant and request that the funding be returned.

I understand that if our organisation or the applicant has outstanding obligations from previous grants, including overdue reports, this application will not be considered for funding.

I am authorised to provide this letter on behalf of the sponsoring body.

Yours sincerely

[name]  
[position in organisation]