



Consumers Health
Forum OF Australia



Application Form

Thank you for your interest in the Youth Health Forum Incubator Grants

Before completing this form, please ensure that you:

1. Have read and understood all the information provided in the grant Guidelines.
2. Contact YHF at yhf@chf.org.au to confirm eligibility and ensure the proposed project aligns with YHF priorities.

Applicant

An applicant to the Youth Health Forum Incubator Grants Program must be an incorporated, not-for-profit entity or a local government authority.

If a not-for-profit organisation is undertaking the project and is not incorporated, the grant must be applied for through an auspice that is either a not-for-profit, incorporated organisation or a local government authority. An auspice organisation will assume administrative responsibility and accept and adhere to all terms and conditions of the grant, maintain financial records, and provide reporting information for successful applications.

Administering Organisation

Enter the organisation details (or auspice, where applicable) in this section.

| | | | |
|---|---|----------|---|
| Legal name of organisation | Click here to enter text. | | |
| Trading name <i>if different to the legal name</i> | Click here to enter text. | | |
| Contact person | Click here to enter text. | | |
| Position | Click here to enter text. | | |
| Email address | Click here to enter text. | | |
| Telephone | Click here to enter text. | Mobile | Click here to enter text. |
| Postal address | Click here to enter text. | | |
| Suburb | Click here to enter text. | Postcode | Click here to enter text. |

Entity type

Select the entity type of the organisation.

- Aboriginal corporation
- Incorporated association
- Local government authority
- Not-for-profit company
- Not-for-profit trust
- Organisation established under an Act of Parliament
- Unincorporated group
- Other (please detail)
[Click here to enter text.](#)

Unincorporated organisation applying through another organisation

Enter the unincorporated organisation details in this section, where applicable.

| | | | |
|---|---------------------------|----------|---------------------------|
| Legal name of organisation | Click here to enter text. | | |
| Trading name <i>if different to the legal name</i> | Click here to enter text. | | |
| Contact person | Click here to enter text. | | |
| Position | Click here to enter text. | | |
| Email address | Click here to enter text. | | |
| Telephone | Click here to enter text. | Mobile | Click here to enter text. |
| Postal address | Click here to enter text. | | |
| Suburb | Click here to enter text. | Postcode | Click here to enter text. |

Project

Overview

Project Name: Click here to enter text.

Amount requested: Up to \$5,000 or up to \$10,000: Click here to enter text.

Provide an overview of the project, including the project objectives, in accordance with the Guidelines.

Click here to enter text.

Attach a detailed project plan, including a project schedule of key phases, milestones, activities and community engagement to this application.

Yes, project plan attached

No, project plan is not attached

Click here to enter text.

Community Need

Provide evidence of community need and support of the project by the community

[Click here to enter text.](#)

Community Engagement

How many young people are anticipated to directly benefit from the project?

[Click here to enter text.](#)

Describe how young people will be (or have been) engaged in the project design and/or implementation?

[Click here to enter text.](#)

Outcomes and Evaluation

List the intended outcomes of the project.

[Click here to enter text.](#)

How will the project be evaluated against the intended outcomes described above and the program priority areas outlined in the grant program Guidelines?

[Click here to enter text.](#)

How will young people continue to benefit from the project following the term of the grant?

[Click here to enter text.](#)

How will young people and the broader community be engaged following the term of the grant, where applicable?

[Click here to enter text.](#)

Target Group

Identify the primary target group of young people for the project.

• All young people

• LGBTQI+

- Young people with disabilities communities
- Aboriginal or Torres Strait Islander young people
 - Rural, remote and regional
 - Other
- Young people from CaLD [Click here to enter text.](#)

Location

Where the project will be delivered:

Community Partnerships

Priority may be given to projects delivered in collaboration with other organisations.

An organisation providing a product or service that is being paid for is not considered to be a project partner.

List any project partners that will provide support to the planning, development, implementation and/or evaluation of the project, either cash or in-kind, and outline the contribution.

| Organisation | Contribution to the project |
|---|---|
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

Timeline

| | |
|--|---|
| Anticipated project commencement date* | Click here to enter a date. |
| Anticipated project completion date | Click here to enter a date. |

* Allow twelve weeks from the program closing date to process applications, as CHF will not fund expenses incurred before the grant term.

Budget

| | |
|------------------------|--|
| Requested grant amount | \$ Click here to enter text. |
|------------------------|--|

A maximum of \$10,000 (excluding GST) may be requested per project and the proposed expenditure should be detailed below in the Communities Grant column only. GST will only be paid to organisations that are registered for GST.

It is important to detail the proposed expenditure of the requested grant and indicate any other income that is expected in support of the project, either cash or in-kind. The value of any contributions made to the project by partner organisations noted above should be specified in this section.

Use the table below to evidence all sources of income for this project, proposed and confirmed, cash and in-kind, and how it will be expended. The budget should align to the proposed project activities and outcomes specified in this application.

Do not include GST in the costings below.

| Budget Item | YHF Incubator Grant (\$ excluding GST) | Other Cash or Grants (\$ excluding GST) | In-kind Support | Source of Other Cash or In-kind Support |
|---|--|---|---|--|
| What the funding is to be spent on | Proposed grant expenditure from the YHF Grant Program only | Any other cash income anticipated for this project from the applicant and/or project partners | An estimated dollar value of the in-kind support for the project from the applicant and/or project partners | Note the source of Other Cash or In-kind support and if this is confirmed or unconfirmed with the source |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Budget Item | YHF Incubator Grant (\$ excluding GST) | Other Cash or Grants (\$ excluding GST) | In-kind Support | Source of Other Cash or In-kind Support |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| TOTAL | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Taxation and banking details

This section is to be completed by the organisation managing the grant funds.

Taxation

| | |
|---|---|
| Australian Business Number (ABN) | Click here to enter text. |
| Registered for Goods and Services Tax (GST) | Registered for GST <input type="checkbox"/> |
| | Not registered for GST <input type="checkbox"/> |

Bank account

| | |
|---|---|
| Bank name | Click here to enter text. |
| Branch / suburb | Click here to enter text. |
| Account name | Click here to enter text. |
| BSB number (must be six digits) | Click here to enter text. |
| Account number (up to nine digits only) | Click here to enter text. |

Grant conditions

Grants provided through YHF Incubator Grants are subject to the following terms and conditions:

1. The grant is to be used solely for the specified purpose approved by during the funding period.
2. Written approval must be sought from for any request to vary the approved purpose of the grant or seek an extension to the funding period.
3. Any part of the grant that is not used in accordance with Condition 1 must be repaid to CHF unless prior written approval is obtained.
4. Should the activities for which the grant was approved cease or should the grant agreement be terminated due to a breach of the any of these Conditions, then:
 - (a) the balance of the grant, unspent in accordance with the approved purpose of the grant, must be repaid to CHF within ten business days; and
 - (b) any property acquired with the grant must be transferred to another not-for-profit organisation with similar objectives and purposes to the recipient organisation, upon approval by CHF.

5. Providing a grant does not entitle a recipient organisation to be provided any further funding than that specified in the grant agreement.
6. CHF will not be held responsible for the success of the approved purpose for which the grant is provided or for any losses or additional costs incurred that are associated with the approved purpose.
7. Any documents or information relating to the grant or the approved purpose must be provided to CHF within ten business days of the request.
8. All payment conditions and reporting requirements must be met, as specified by CHF.
9. All Local, State and Commonwealth laws applicable to the approved purpose must be abided by and complied with at all times.
10. Any project that involves working with children must ensure that the recipient organisation and all employees and volunteers comply with the *Working with Children (Criminal Record Checking) Act 2004*. Please refer to the individual state Working with Children Check websites for more information.
11. CHF is not liable for any accident or negligence resulting in any claim or damage arising from activities undertaken as part of the grant.
12. Recipient organisations are required to be appropriately incorporated and be responsible for ownership of the appropriate insurance policies. This includes, but is not limited to, Public Liability, Volunteer Insurance, Workers' Compensation, and Professional Indemnity.
13. An acknowledgement of funding assistance provided by CHF must be included in any advertising and on any material relating to the project by using the words 'Supported by the Youth Health Forum of CHF'.
14. Any individuals involved with the project must not be exposed to significant promotions for alcohol or unhealthy food and drinks during the term of the project.
15. Goods and Services Tax (GST)
 - (a) For the purposes of Condition 17 and Condition 18:
 - i. "GST" means the goods and services tax applicable to any taxable supplies, as determined by the GST Act;
 - ii. "GST Act" means *A New Tax System (Goods and Services Tax) Act 1999 (Cth)* and includes all associated legislation and regulations; and
 - iii. The terms "supply", "tax invoice", "taxable supply", and "value" have the same meanings as in the GST Act.
 - (b) If the supply of anything through this agreement is a taxable supply under the GST Act, the grant shall be inclusive of GST.
 - (c) If the parties agree that CHF will issue the recipient organisation with a recipient-created tax invoice (RCTI), then the parties hereby agree that:

- i. CHF will issue a RCTI in respect of GST payable on the supply of the project and the recipient organisation will not issue a tax invoice in respect of that supply;
- ii. The recipient organisation warrants that it is registered for the purposes of GST and CHF will notify the organisation in writing if it ceases to be registered for the purposes of GST, or if it ceases to satisfy the requirements of the GST Act during the term of the agreement; and
- iii. CHF will indemnify and keep indemnified the recipient organisation for GST and any related penalty that may arise from an understatement of the GST payable on the supply of the project for which CHF issues an RCTI under the grant agreement.

16. If any of the terms or conditions are breached by the recipient organisation, CHF may terminate the grant agreement at any time and without giving prior notice.

Declaration

On behalf of the applicant organisation, I declare that:

- I am currently authorised to legally enter into contracts on behalf of the organisation, according to its constitution or as bound by law.
- All the information provided in this application, including any attachments, is true and correct.
- The taxation and banking details entered in this application are true and correct.
- The organisation is financially viable and able to meet all accountability requirements.
- I give permission to the Consumers Health Forum of Australia, when applicable, to contact any persons or organisation in the processing of this application and I understand that information may be provided to other agencies, where appropriate.
- If a grant is provided:
 - I am aware the Grant Conditions outlined in this document will apply to ensure a project is appropriately completed and accountability requirements are met.
 - I agree to ensure that appropriate insurances are in place (including but not limited to worker's compensation, volunteers, professional indemnity, public liability, motor vehicle, etc.).
 - I agree to undertake the project as stated and provide the required qualitative and financial reports to demonstrate that the grant was expended in accordance with the agreement.

| | |
|--|---|
| Legally authorised officer signature | |
| Date | Click here to enter a date. |
| Legally authorised officer name | Click here to enter text. |
| Legally authorised officer position | Click here to enter text. |
| Organisation | Click here to enter text. |
| Legally authorised officer telephone | Click here to enter text. |
| Legally authorised officer email address | Click here to enter text. |

| | |
|-------------------|---|
| Witness signature | |
| Witness name | Click here to enter text. |
| Date | Click here to enter a date. |

Application checklist

Before applying, ensure the following have been completed and checked:

| Checklist item | Complete |
|--|--------------------------|
| The Guidelines and Grant Conditions have been read and understood by the authorised signatory or delegate of the administering organisation, and any other relevant parties. | <input type="checkbox"/> |
| Contact has been made with the YHF National Coordinator to discuss the project and confirm eligibility. | <input type="checkbox"/> |
| All questions in the application form are complete. | <input type="checkbox"/> |
| The application has addressed all selection criteria specified in the program Guidelines. | <input type="checkbox"/> |
| A project plan is attached | <input type="checkbox"/> |
| The taxation and banking details of the administering organisation have been entered and are correct. | <input type="checkbox"/> |
| The declaration has been signed by the authorised signatory or delegate of the administering organisation. | <input type="checkbox"/> |
| All attachments have been included in the application (i.e. project plan, letters of support, etc.), where applicable. | <input type="checkbox"/> |

Submitting an application

Send completed form to yhf@chf.org.au

Applications close 31/05/21

Applications received after the closing date will not be accepted.

All applications will be acknowledged via email within five business days of receipt. Contact the Consumers Health Forum to confirm receipt if no acknowledgement is received by this time.