**ACTION   
GRANTS   
PROGRAM**

## **Grant Guidelines**

## Overview

Access Health and Community (AccessHC) works with community groups and organisations to help them promote social inclusion and gender equity.

The Action Grants Program aims to help schools, early childhood centres, sporting clubs and community groups in Manningham and Boroondara to implement positive change in the priority areas of social inclusion and gender equity.

This small grant is limited to $1000 (ex. GST) per group.

Applications will be accepted until the allocated funding has been used, or until 1 May 2021.

## Eligibility Criteria

Your project must be based in the Boroondara or Manningham Local Government Areas. Your organisation/group must be working with or agree to work with AccessHC to promote gender equity or social inclusion.

## Exclusions

* Profit-making activities
* Projects or activities primarily focussed on religious or political advocacy
* Operational expenses such as salaries or insurance
* Interstate or overseas travel.

## Conditions of Funding

Grants of a maximum $1000 (ex. GST) are available for community groups and organisations. Funds are to be expended within 3 months of approval. Successful applicants will be required to provide a short report at the end of the funding period demonstrating how the funds were spent.

## Assessment Process and Timelines

Applications are accepted until the allocated funding has been used, or until 1 May 2021.

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| --- | --- |
| **Milestones** | **Date** |
| Submissions | By 1st of any month |
| Applicant Notification | Within 4 weeks of submission |
| Funding Period | Project activities to be completed within 3 months of funding approval |
| Report Due | At the end of the funding period |

* Applicants must discuss their project with an AccessHC Health Promotion staff member before submission.
* Applications may be submitted to [grants@accesshc.org.au](mailto:grants@accesshc.org.au)
* Approval of applications by Action Grants Committee will be in accordance with grant guidelines, priorities and eligibility criteria outlined in this document.

# More Information

Access Health and Community  
03 9810 3072  
health.promotion@accesshc.org.au

**APPLICATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| APPLICANT DETAILS: | | | | |
| Project Name | Project Name | | |
| Organisation/Group | Organisation | | | |
| ABN (if applicable) | ABN | Phone | Phone Number | |
| Contact Person | Contact Person | Email | Email Address | |
| Amount | Max $1000 | Date | Enter the date | |

|  |  |  |  |
| --- | --- | --- | --- |
| BANK ACCOUNT DETAILS: | | | |
| Bank Name | Bank Name | | |
| BSB (xxx-xxx) | BSB | Account No. | Account Number |
| Account Name | Account Name | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TYPE OF ORGANISATION OR GROUP: | | | | | |  |  |
| Early Childhood | Please tick | Sporting Clubs | Please tick | Schools | Please tick | Other | Please tick |

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| GRANT PROPOSAL: |
| Please outline what action you require funds for? What are you going to do with the funding and when will you do this?  Type or write answer text | |
| What is the intended outcome of this action? How does it work towards improving gender equity or social inclusion?  Type or write answer text | |
| What is the intended reach? Who will benefit from this action?  Type or write answer text | |

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| --- | --- |
| EXPENSES BREAKDOWN | |
| Provide a breakdown of activity expenses by item, for example; fees, equipment, travel/transport, administration. | |
| Activity Expense | Amount |
| Describe the expense | Amount |
| Describe the expense | Amount |
| Describe the expense | Amount |
| Describe the expense | Amount |
| Describe the expense | Amount |
| Describe the expense | Amount |

|  |  |
| --- | --- |
| OTHER SOURCES OF FUNDING | |
| What other sources (cash or in-kind contributions) of funding have you applied for, such as services, equipment, volunteer time and materials? | |
| Cash or In-Kind Contribution | Amount |
| Describe the contribution | Amount |
| Describe the contribution | Amount |
| Describe the contribution | Amount |
| Describe the contribution | Amount |

- ONLY USE SPACE PROVIDED -