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**2023 SMALL GRANTS PROGRAM**

**APPLICATION FORM**

***Healing and Growing Together***

**To apply for a grant please complete all questions.**

**Applicant**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of organisation undertaking the project:** |  | | | | | |
| **Name of organisation who would receive and manage the funding (if different to above):** |  | | | | | |
| **Contact person:** |  | | | | | |
| **Postal address:** | **Street or PO Box number:** | | | |  | |
| **Suburb/Town:** | |  | | | |
| **State:** |  | | **Postcode:** | |  |
| **Email address:** |  | | | | | |
| **Telephone contact:** |  | | | | | |
| **Organisation website:** |  | | | | | |
| **Name of partner organisations (if any):** |  | | | | | |

**Project Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project name:** |  | | | |
| **Proposed commencement date:** |  | | **Proposed completion date:** |  |
| **Amount requested:** |  | | **Total project cost:** |  |
| **Provide a brief project description:**  Provide a short summary of the project in several sentences or dot points. | |  | | | |
| **Where is your project located?**  Please insert the name of location/s. | |  | | | |
| **In which Indigenous Country/region will your project occur?**  Regions are denoted in the map of Indigenous Australia at [**https://aiatsis.gov.au/explore/map-indigenous-australia**](https://aiatsis.gov.au/explore/map-indigenous-australia). | |  | | | |
| **Why is there a need for your project?** | |  | | | |
| **How does your project achieve the program theme of ‘Healing and Growing Together’?**  How does your project:   * address social and ecological disadvantage and/or inequality? * support communities to heal and grow in response to the environmental challenges of the last few years? and/or * support communities as they reconnect and recover from the social impacts of Covid19? | |  | | | |
| **Outline the project timelines and stages:** | |  | | | |
| **What are the expected outcomes?**  What changes do you hope to see happen in your community? | |  | | | |
| **How did you hear about the Highways and Byways Small Grants Program?**  Please tick | | Website  Email  Newsletters  Parish networks  Local government networks  Environmental network  Community network  Facebook  Instagram  Twitter  LinkedIn  Previous grant applicant or recipient  Other Please specify: | | | |

**Project Budget**

Please complete the budget proposal below.

*(Note: the project budget must balance; i.e. Total Income = Total Expenditure).*

|  |  |  |
| --- | --- | --- |
| **INCOME** | **$** | **Comments/Details** |
| **Amount requested from Highways and Byways** |  |  |
| Any other source of income: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **In-kind contributions:**  Estimated value for non-cash contributions such as services, equipment, time and material |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Income** |  |  |
| **EXPENDITURE** | | |
| **Items:** (Breakdown of individual items such as salaries, equipment, travel/transport, administration) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **In-kind contributions:** (As above) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Expenditure** |  |  |

**Declaration**

* I am authorised to submit this application on behalf of the applicant.
* The information contained within this application is true and correct.
* I understand that if this application for funding is successful, the applicant will be required to complete a funding agreement with Highways and Byways Ltd.

Please date and sign as following. Electronic signatures are permissible.

|  |  |
| --- | --- |
| **Name of key contact person:** |  |
| **Phone number:** |  |
| **Date:** |  |

****

**Signature**

**Submission:**

Please return one copy of this proposal by **5pm AEDT Wednesday 15 March 2023** to**:**

Highways and Byways

Grants Administration

**By post:**

90 Albion Road

Box Hill, VIC, 3128

**Or by email:**

grants@hb.org.au

A close up of a sign

Description automatically generatedHIGHWAYS AND BYWAYS – HEALING THE LAND, HEALING OURSELVES, TOGETHER  
90 Albion Road, Box Hill, VIC, 3128

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Email: [grants@hb.org.au](mailto:grants@hb.org.au)

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