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| **NGO RESEARCH AND EVALUATION CAPACITY BUILDING GRANT PROGRAM APPLICATION FORM** |

**The closing date for applications is:**

**5pm Wednesday 11th of October 2023**

**Guidelines**

Please ensure you have read the [Guidelines and FAQs](https://nada.org.au/about/what-we-do/grants-subsidies/) for the NGO Research and Evaluation Capacity Building Grant Program before completing this application form.

**Questions about the guidelines or application process**

For questions about the application process, guidelines or about the NGO Research and Evaluation Capacity Building Grants, please contact Jo Penhallurick, NADA Sector Development Grants Coordinator via email at [sectordevelopment@nada.org.au](mailto:sectordevelopment@nada.org.au).

Please note that in the interest of equity all questions received about the NGO Research and Evaluation Capacity Building Grant Program will be logged into the **FAQ document** and made available to any interested party throughthe [NADA website](https://nada.org.au/about/what-we-do/grants-subsidies/).

**Eligibility for assessment**

An application will only be assessed by the Selection Committee if the following eligibility criteria are met. Please check that your application meets these criteria prior to submission.

1. The organisation is a non-government organisation (including Aboriginal Community Controlled Health Organisations) that receives funding from NSW Health (via the Ministry of Health Centre for AOD or Local Health District/s) to deliver AOD prevention, harm reduction and/or treatment services.
2. The service location where the grant funds will be utilised is within NSW
3. The application is received on time (by 5pm on Monday 11th of October 2023), and
4. All relevant fields have been completed. Incomplete application forms may not be assessed.

**LEAD ORGANISATION DETAILS**

|  |  |
| --- | --- |
| **Organisation Name** | Click here to enter text. |
| **Program/Service Name/s** | Click here to enter text. |
| **Service type**  **e.g. withdrawal management** | Click here to enter text. |
| **Postal address** | Click here to enter text. |

**Does the organisation receive funding from NSW Health to deliver AOD prevention, harm reduction and/or treatment services (vis the NSW Ministry of Health or Local Health District/s)?**

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| Yes  No – you are not eligible for this grant |

**Is the organisation a non-government organisation (including Aboriginal Community Controlled Health organisations)?**

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| Yes  No – you are not eligible for this grant |

**Is the organisation an Aboriginal Community Controlled Health organisation?**

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| --- |
| Yes  No |

**MAIN CONTACT PERSON**

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Email** | Click here to enter text. |

**PARTNER ORGANISATION DETAILS**

(if applicable)

**Partner 1**

|  |  |
| --- | --- |
| **Organisation Name** | Click here to enter text. |
| **Program/Service Name/s** | Click here to enter text. |
| **Service type/s**  **e.g. withdrawal management** | Click here to enter text. |

**Partner 2**

|  |  |
| --- | --- |
| **Organisation Name** | Click here to enter text. |
| **Program/Service Name/s** | Click here to enter text. |
| **Service type/s**  **e.g. withdrawal management** | Click here to enter text. |

**Partner 3**

|  |  |
| --- | --- |
| **Organisation Name** | Click here to enter text. |
| **Program/Service Name/s** | Click here to enter text. |
| **Service type/s**  **e.g. withdrawal management** | Click here to enter text. |

**SERVICE/S DETAILS**

**Service location/s where funding will be utilised**

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| --- |
| Click here to enter text. |

(If multiple service sites, list multiple locations)

**Is the service location/s considered to be:**

(tick all that apply)

|  |
| --- |
| Metropolitan  Regional  Rural |

**PROJECT OVERVIEW**

**Please provide a brief overview of the proposed project including background and scope**

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| Click here to enter text. |

(maximum 100 words)

**GRANT FUNDING**

**What is the total funding requested?**

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| --- |
| **$** |

(please note: this cannot exceed $80,000 ex GST (individual org) or $120,000 ex GST (collaborative project))

**SELECTION CRITERIA**

**Question 1: Please outline the proposed project, including the intention of the project and implementation considerations.**

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| Click here to enter text. |

(maximum 200 words)

**Question 2: How does the proposed project meet the objectives and scope of the NGO Research and Evaluation Capacity Building Grants?**

*This section should address at least one of the objectives outlined in the* [*Guidelines*](https://nada.org.au/about/what-we-do/grants-subsidies/)

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| Click here to enter text. |

(maximum 200 words)

**Question 3: Describe the project’s anticipated impacts and outcomes, to include:**

* How will the funding be used to create translatable, useful research and evaluation that will improve outcomes for clients of NGO AOD prevention, harm reduction and/or treatment services in NSW?
* How will the funds build the organisations ongoing research and/or evaluation capacity?

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| Click here to enter text. |

(maximum 300 words)

**(For collaborative applications only)**

**Question 4: Describe how to the project will work across all the organisations involved including the relationship between the partner and lead organisations**

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| Click here to enter text. |

(maximum 200 words)

**BUDGET**

Outline the project budget using the table provided.

|  |  |
| --- | --- |
| **Expenditure item** | **Funding requested**  (GST exclusive) |
| 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. | **$** |
| Click here to enter text. | **$** |
| **TOTAL** | **$** |

(Insert additional rows as required for individual budget line items)

**SCHEDULE / ORGANISATIONAL CAPACITY**

**Project timeline**Outline the key project milestones against timeframes including start date and provisional project completion date.

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| --- | --- |
| **Timeframe / Date** | **Milestone** |
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(insert additional rows as required)

**Organisational capacity to deliver on project and risk identification**Outline the governance and support structures to manage and implement the project across the organisations involved, including the process for identifying and managing specific project risk/s.

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| Click here to enter text. |

(maximum 200 words)

**CERTIFICATION AND AGREEMENT**

In submitting this application, I certify that:

* The organisation has the capacity to manage the project and will provide appropriate resources and support.
* I understand successful applicants of grants over $25,000 ex GST will be required to enter into a Grant Agreement.
* I understand that submitting this application does not guarantee funding.

If this application is successful, I agree that:

* NGO Research and Evaluation Capacity Building Grants funds will be quarantined for this specific project.
* The project will be completed **by June 2025**.
* For shorter / one-off funded projects, a final report will be provided in May 2024, as documented in the grant agreement.
* For longer projects: A brief progress report will be provided in May 2024 and a final report in May 2025 will be provided as documented in the Grant Agreement.
* Financial reporting will be provided as documented in the Grant Agreement.
* Reporting information will be used by NADA to report on outcomes of the NGO Research and Evaluation Capacity Building Grants to NSW Health.

**LEAD ORGANISATION: Authorised by Chief Executive or nominated delegate**

|  |  |
| --- | --- |
| Name and position |  |
| Signature |  |
| Date |  |

**PARTNER ORGANISATION 1: Authorised by Chief Executive or nominated delegate**

(if applicable)

|  |  |
| --- | --- |
| Name and position |  |
| Signature |  |
| Date |  |

**PARTNER ORGANISATION 2: Authorised by Chief Executive or nominated delegate**

(if applicable)

|  |  |
| --- | --- |
| Name and position |  |
| Signature |  |
| Date |  |

**PARTNER ORGANISATION 3: Authorised by Chief Executive or nominated delegate**

(if applicable)

|  |  |
| --- | --- |
| Name and position |  |
| Signature |  |
| Date |  |