National Partnership Agreement on Disaster Risk Reduction

**Natural Disaster Risk Reduction** **Grants Program**

**Application Form**

# **1. APPLICANT DETAILS**

|  |  |
| --- | --- |
| Organisation/Agency Name |  |
| Australian Business Number (ABN) |  |
| Postal Address |  |
|  |

|  |
| --- |
| **Contact Person** |
| Title / Given Name / Last Name:  |  |
| Position |  |
| Work Phone / Mobile Phone |  |
| Email Address *(all correspondence will be sent to this address)* |  |

**2. PROJECT DESCRIPTION**

|  |  |
| --- | --- |
| Project Title |  |
| Project initiative focus (State, Local or Volunteer) |  |
| Background and context of the project (if more space is required please attach a separate document) |  |
| Project description (if more space is required please attach a separate document) |  |
| Location(s) of Project – Town or locality  |  |
| Postcode |  |
| Federal Electorate(s)  |  |
| Length of project, including anticipated commencement and completion dates |  |

**Funding requested**

|  |  |
| --- | --- |
| Funding amount requested | $ |
| Amount contributed in kind | $ |
| Total Project Value | $ |

**3. PROJECT OBJECTIVES, OUTPUTS AND OUTCOMES**

|  |  |  |
| --- | --- | --- |
| **Project objectives** | **Outputs** | **Outcomes** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**4. ASSESSMENT CRITERIA**

**SELECTION CRITERIA 1:** Projects must directly align with at least one of the four goals of the Tasmanian Disaster Resilience Strategy and must have a focus on activities that proactively reduce disaster risk. (provide detail on how the project addresses the area).

|  |  |
| --- | --- |
| **GOAL 1****Understanding disaster risk**Everyone understands the disaster risks affecting them |  |
| **GOAL 2Working together**Everyone collaborates to reduce risks and prepare for disasters |  |
| **GOAL 3****Reducing disaster risk**Everyone reduces disaster risks in ways that have everyday benefits |  |
| **GOAL 4****Being prepared for disasters**When a disaster occurs, everyone knows what to do and can do it |  |

**SELECTION CRITERIA 2:** Project Management – is essential for good governance and accurate accounting of allocated project funds. Assessment against this criteria will focus on key elements listed.

|  |  |
| --- | --- |
| Outline how the project has been well conceived and thoroughly planned. |  |
| Demonstrate that the stated milestone tasks and timeframes are realistic |  |
| Demonstrate that the budget plan is realistic and cost-effective |  |
| Demonstrate that you have the capacity and commitment to make contributions of funding or other in-kind resources towards the cost of the project. |  |
| Provide evidence of an ability to maintain project outcomes and detail governance arrangements.  |  |

**5. PROJECT BUDGET**

This budget form has been designed to capture the total value of your project by recognising the three income streams: cash from the applicant(s); in-kind contributions from the applicant(s); and cash from the NDRRGP. **Do NOT include GST**. Please check the guidelines for further instructions before completing this section.

**PROJECT EXPENDITURE**

|  |  |
| --- | --- |
| **ITEM** | **VALUE** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total expenses (must equal total income)** | **$** |

**PROJECT INCOME**

|  |  |  |
| --- | --- | --- |
| **SOURCE** | **CASH** | **IN-KIND** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Sub total for cash/ in-kind** |  |  |

|  |  |
| --- | --- |
| **Total applicant contribution (cash plus in-kind)** | **$** |
| **Plus NDRRGP cash contribution** | **$** |
| **Total income (must equal total expenses)** | **$** |

**6. PROJECT MILESTONES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Output** | **Start Date** | **End Date** | **Milestone** | **Estimated expenditure** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**7. PROJECT MILESTONES**

|  |  |
| --- | --- |
| How will the project be evaluated? |  |
| What will determine whether the project was a success? |  |
| What measures will be used to determine whether the project achieved its expected outcomes? |  |

**8. PROJECT MANAGEMENT**

|  |  |
| --- | --- |
| Project Manager (s) |  |
| How will the project be managed? |  |
| Will it require an ongoing maintenance program? |  |
| Will the financial management be undertaken by a different party? If so, what is the name of the organisation?  |  |

**9. EXCEPTIONAL CIRCUMSTANCES WAIVER**

In exceptional circumstances, the agency/organisation contribution may be reduced or waived by agreement between the State and the applicant. This applies for low-capacity local Councils, non-government organisations, or if exceptional circumstances apply. Please contact the Grant Coordinator to discuss prior to submitting an application. grant.coordinator@ses.tas.gov.au

**10. ATTACHMENTS**

Please send any supporting documents as attachments along with this PDF form in your email.

|  |  |
| --- | --- |
| Attachment 1: |  |
| Attachment 2: |  |
| Attachment 3: |  |
| Attachment 4: |  |
| Attachment 5: |  |

**11. DECLARATION**

To be signed by the Chief Executive Officer (or equivalent).

I declare that the information given in this form is complete and correct, and the appropriate group or organisation endorsement has been received to submit this application.

I consent to the release of information in this application (excluding personal details) for non-commercial public information purposes.

|  |  |
| --- | --- |
| Signature: |  |
| Name: |  |
| Position: |  |
| Date: |  |

Completed applications must be submitted to: grant.coordinator@ses.tas.gov.au