

COMMUNITY HEALTH PROGRAM

JOHN JAMES FOUNDATION – APPLICATION FORM – 2021

This form provides an opportunity to introduce your organisation to the Foundation, and explain the work your organisation does in our community. Each section aims to expand, in detail, the project for which funding is sought. Your application should clearly reflect how your project or activity aligns with the healthcare focus of the Foundation.

Please complete all sections below – word limits are provided as a guide.

APPLICANT ORGANISATION DETAILS

Organisation	
ABN	

TAX STATUS (PLEASE SELECT)

Deductable Gift Recipient	<input type="checkbox"/>
Tax Concession Charity	<input type="checkbox"/>
Other	<input type="checkbox"/> Please specify:

PROJECT PRIMARY CONTACT

First Name	
Last Name	
Position	
Email	
Phone Number	

WHAT IS YOUR ORGANISATIONS PURPOSE? | 150 WORDS

What activities and programs do you deliver and why does this work need to be done?

PROJECT OVERVIEW

Project Name:			
Start Date:		Completion Date:	
Amount requested:		Total Project Cost:	

PROJECT DESCRIPTION (PROVIDE A BRIEF CASE FOR SUPPORT) | 150 WORDS

A clear description of the overall project you are seeking funding for. What is the healthcare problem or need you wish to address? If your project does not go ahead what will happen? What outcomes do you hope to achieve?

PROJECT DETAILS

PROJECT/PROGRAM AREA

Please select the program area most relevant to your project, you can select more than one option.

Disability

- Carers of People with Disabilities
- Equipment for People with Disabilities
- Housing & Accommodation for People with Disabilities
- Services for People with Intellectual Disabilities
- Services for People with Physical Disabilities

Health, Wellbeing & Medical Research

- Addiction & Substance Abuse (eg. Alcohol and other drugs)
- Arthritis and musculoskeletal conditions
- Asthma
- Cancer
- Cardiovascular Health
- Child health, Development & Wellbeing
- Complementary/Alternative Medicine
- Dental & Oral Health

- Diabetes
 - Dual Diagnosis
 - Eye Health
 - Food & Nutrition
 - Health Promotion & Prevention Programs
 - Medical Research
 - Mental Health
 - Palliative Care
 - Public Health Services (e.g. Hospitals & Clinics)
 - Public Health & Safety
 - Reproductive Health
 - Respiratory Health
 - Indigenous Australians
 - Arts & Culture
 - Communities
 - Education
 - Employment
 - Health
 - Housing
 - Languages
 - Community Development - other
- Please specify:

WHAT WILL YOU DO?

The specific activities that will take place and where they will take place. If you want to purchase special equipment, please explain what this is, why it is needed, and how it will be used rather than just "purchase of equipment".

WHO WILL BENEFIT?

Please identify the specific population group that will participate in and/or benefit from this project.

Adults

(25+ years)

Children & Youth (0-25 years)

Early childhood (0-5 years)

Children (6-13 years)

Youth (13-21 years)

Young Adults (18-25 years)

Older People

People over 60

Frail elderly

Families

Adoptive families

Foster families

Mixed / blended families

Parenting

Single parent families

Indigenous Australians

Language groups

Rural and remote Indigenous communities

Urban Indigenous communities

Which geographic area is served?

ACT:

Canberra

Greater Canberra Region

Other please specify:

HOW WILL YOU KNOW IF YOUR OUTCOMES HAVE BEEN ACHIEVED?

How will success be measured?

ALIGNMENT WITH FOUNDATION OBJECTIVES

Show clearly how your project or activity aligns with the Foundation's objectives which focus on providing education and training in medical and dental sciences and healthcare equipment, facilities and services to help people in need.

PROMOTIONAL OPPORTUNITIES FOR THE JOHN JAMES FOUNDATION

How will the Foundation's contribution be recognised? Are there opportunities within the project to promote the Foundation's support? Can you use the Foundation's logo on materials or signage? Can you generate any media interest?

ADDITIONAL SUPPORTING DOCUMENTATION

Include any other information you consider will be helpful.

PROJECT BUDGET

BUDGET DETAILS

Please attach supporting information detailing your project budget.

AMOUNT SOUGHT AND TIMEFRAME

When do you seek payment – all funds upfront or on milestones? Funding can be for more than one year as a lump sum or with progressive payments. Include details to show clearly how and when funding will be used each year and what milestones will be met.

OTHER FUNDING SUPPORT

Does your project expect funding from other sources such as Government, other Trusts or Foundations or donations-in-kind? Please provide details of any other funding support.

DECLARATION

This declaration must be made by a person from the organisation submitting the project details form who has appropriate authority to declare and consent to the matters required.

I declare that:

- I am authorised to sign on behalf of the organisation whose ABN appears on this form, about the contents of this form
- the information given on this form and any attached document is true and correct
- I understand that the organisation will be required to enter into a written Grant Agreement with the Foundation before any Grant can be made. The Foundation's expectations, along with other provisions and obligations, will be reflected in the Grant Agreement

Date: _____

Position: _____

Name: _____ Signed: _____

Please return this form and accompanying documentation via email to helen.carter@jjf.org.au