**VIOLET VINES MARSHMAN CENTRE FOR RURAL HEALTH RESEARCH PARTNERSHIP FUNDING STREAM**

**Applications to be emailed to** **violet.marshman@latrobe.edu.au** **before 5 pm, Friday 19th May 2023.**

**ABOUT YOUR ORGANISATION**

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| Legal name of your organisation: | Click or tap here to enter text. |
| Postal address: | Click or tap here to enter text. |
| Website (if applicable): | Click or tap here to enter text. |
| Is the organisation an Incorporated Association? | Choose an item. |
| If yes, which State/Territory is your organisation registered with? | Click or tap here to enter text. |
| ABN (If applicable): | Click or tap here to enter text. |

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| Number of staff | Click or tap here to enter text. |
| Number of volunteers | Click or tap here to enter text. |
| When was your organisation founded?  | Click or tap here to enter text. |
| Deductible Gift Recipient? | Choose an item. |
| Tax Concession Charity | Choose an item. |
| Does your organisation have policies and procedures regarding police checks, working with children, Working with Children Checks, and the handling of child abuse complaints? Please provide details  | Click or tap here to enter text. |

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| What does your organisation do?E.g. mission statement, major programs, organisational attributes (no more than 500 words) |
| Click or tap here to enter text. |

**CONTACT PERSON**

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| Title: | Click or tap here to enter text. |
| Name: | Click or tap here to enter text. |
| Surname: | Click or tap here to enter text. |
| Role: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

**PROJECT SUMMARY**

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| Project title: | Click or tap here to enter text. |
| Grant amount requested from the Violet Vines Marshman Centre for Rural Health Research (ex GST): | Click or tap here to enter text. |
| Partnership Funding Stream (ex GST): | Click or tap here to enter text. |
| Project start date:  | Click or tap here to enter text. |
| Project end date: | Click or tap here to enter text. |
| Will you need ethics approval for your project? Yes/No NB: In order to be eligible for publication the project must have ethics approval from an NHMRC approved ethics committee. Applications can be submitted to the La Trobe University HEC Committee.  | Click or tap here to enter text. |
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| Please provide a clear statement of the research question, key aims and/or objectives and benefits of your project and what the funding will be used for (200 words): |
| Click or tap here to enter text. |

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| Briefly describe the expected outcomes from your project (list no more than four): |
| Click or tap here to enter text. |

**LOCATION OF YOUR PROJECT**

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| Briefly describe the community where your project will take place – location, demographics, existing health and wellbeing services, health/wellbeing status or defining attributes of the community. (No more than 500 words) |
| Click or tap here to enter text. |

**YOUR PROJECT DETAILS**

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| What is the purpose of your grant or the problem that you are seeking to address? Describe your project – aims of your project, what will you do/what are the key activities to meet each aim? Justify the need for your project (1000 words) |
| Click or tap here to enter text. |

**WHO WILL BENEFIT AND HOW WILL THEY BENEFIT?**

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| The proposed projects should lead to direct benefits in the community in which they are undertaken and/or the wider community. Please outline what the direct benefits will be. Where there will be indirect (or flow-on) benefits also outline these. Indirect benefits may come from the implementation of findings of research, seed funding ahead of larger deployment, or from the process of participating in research (No more than 500 words) |
| Click or tap here to enter text. |

**PROJECT IMPLEMENTATION**

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| When will your project take place - Please provide a detailed timeline for your project that includes key dates and stages, who will do what and when, and outcomes for each stage? |
| Click or tap here to enter text. |

**PROJECT EVALUATION**

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| How will you evaluate and report whether the aims of your project and outcomes have been met? How will you share the outcomes of your project? What will be achieved and what will be different following your project? (No more than 500 words) |
| Click or tap here to enter text. |

**PROJECT BUDGET**

*The TOTAL amount you can request from the Violet Vines Marshman Centre for Rural Health Research is $50,000*

*Applicants to the Violet Vines Marshman Centre for Rural Health Research Partnership Funding Stream will be required to commit matching cash funding to the project. In-kind contributions will be considered on a case-by-case basis providing an appropriate rationale for no cash contribution is provided.*

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| **Item and full justification including salary rates for positions** | **Organisation responsibility for undertaking task** | **Contribution type** | **Amount** |
| *LTU’s contributions* |  |  |  |
|  |  | Cash or In-kind? |  |
|  |  | Cash or In-kind? |  |
|  |  | Cash or In-kind? |  |
|  |  | Cash or In-kind? |  |
| Subtotal  |  |  |  |
| *Collaborator’s contributions* |  |  |  |
|  |  | Cash or In-kind? |  |
|  |  | Cash or In-kind? |  |
|  |  | Cash or In-kind? |  |
|  |  | Cash or In-kind? |  |
| Subtotal |  |  |  |
| Total |  |  |  |

*Add rows as needed. All columns must be completed.*

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| Are you committing matching cash funds  | Choose an item. |
| If you are only committing an in-kind contribution, please provide a full justification: |
| Click or tap here to enter text. |
| Are you using the funding to leverage other funding sources (eg. such as using funding for a NH&MRC bid)  | Choose an item. |
| If Yes, please provide details of your plans: |
| Click or tap here to enter text. |

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| Amount requested from Violet Vines Marshman Centre for Rural Health Research | Click or tap here to enter text. |
| Cash funding provided by organisation | Click or tap here to enter text. |
| In kind funding from organisation  | Click or tap here to enter text. |
| Cash contribution from other sources | Click or tap here to enter text. |
| In kind contribution from other sources  | Click or tap here to enter text. |
| **Total project funding**  | Click or tap here to enter text. |

**OTHER INFORMATION (OPTIONAL)**

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| If not clearly evident from information already provided, please explain why the requested funding is not available from “recurrent” budgets, how the project is “additional” to work already underway, and, for seeding funding, the likely sources of subsequent funding requirements (No more than 200 words) |
| Click or tap here to enter text. |

**FINANCIAL INFORMATION**

**Organisations with audited financial statements:** Attach the most recent annual audited statements.
**Organisations that do not have audited financials:** Attach most recent 12 months Income and Expenditure Statement. If you have a Balance Sheet, please also submit.

O**rganisations less than one year old:** Provide bank statements for the period you have been operating.