**A close-up of a logo

Description automatically generated**

**PARTNERSHIP FUNDING STREAM**

**Applications to be emailed to** [**violet.marshman@latrobe.edu.au**](mailto:violet.marshman@latrobe.edu.au) **before 5pm, Friday 31st May 2024.**

**ABOUT YOUR ORGANISATION**

|  |  |
| --- | --- |
| 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**

|  |  |
| --- | --- |
| 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: If you are not sure if you require an ethical review please check the [National Statement on Ethical Conduct in Human Research](https://www.nhmrc.gov.au/research-policy/ethics/national-statement-ethical-conduct-human-research). | 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**  Eg: “Research Assistant (0.4) FTE Costed at HEO06 | **Justification**  (Eg: “An experienced post-doctoral researcher will…) | **Type  (Cash/in-kind)** | **Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |  |
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| **Total Cost of Project** | | | Click or tap here to enter text. |

Please complete the tables below. *Add rows as needed. All columns must be completed.*

***Project Budget***  
Please provide a breakdown of all proposed project costs including in-kind.

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| --- | --- | --- | --- |
| **Source**  Eg: Smithfield Health Group | **Description**  Eg: Matching Cash Contribution | **Type**  **(Cash/in-kind)** | **Amount** |
| Violet Vines Marshman Centre for Rural Health Research | Partnership Grant | Cash | Click or tap here to enter text. |
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| **Total Project Funding** *This should match the Total Cost of Project* | | | Click or tap here to enter text. |

***Funding Sources Overview****Please provide a breakdown of all project funding sources including in-kind contributions.*

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| Are you committing matching cash funds | Choose an item. |
| If you are committing an in-kind contribution only, 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. | |

**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.

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