

DFSV Healing and Recovery Grants Application Form

Form Preview

Eligibility

* indicates a required field

DFSV Healing and Recovery Grants

The Domestic Family and Sexual Violence (DFSV) Healing and Recovery Grants are an opportunity to apply for funding for innovative, grassroots initiatives in the Hunter New England and Central Coast regions, to address the **mental health impacts** of DFSV and foster **healing** and **recovery** within the community.

Applications must meet the grant criteria so please ensure you read the [GUIDELINES](#)

Please note that these grants are not for business as usual funding as the funding is time limited and not ongoing.

Incomplete submissions and/or submissions received after the closing time and date of 5.00pm 6th December 2024 will not be considered.

If you are a consortium, or partnership, the lead organisation is to submit this application.

Applications close 5.00pm on 6th December 2024

If you have any questions in relation to the eligibility criteria, please contact grants@thephn.com.au

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the grant guidelines
- have fully complied with any previous PHN funding contract commitments including reporting and acquittal requirements.
- is an organisation delivering services within the [Hunter New England and Central Coast region](#)

Please select below: *

Yes No

You must confirm that all statements above are true and correct.

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [PHN Privacy Policy](#).

Please select if you would NOT like to be notified about forthcoming grant opportunities.

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I do not want to be notified about future grant opportunities

Conflict of Interest

Please declare any conflicts of interest.

A signed declaration is required if there are conflicts identified.

Do you have a conflict of interest to declare? *

- Yes
 No

Declaration of Conflict of Interest

Signed declaration upload *

Attach a file:

Contact Details

* indicates a required field

Applicant Details

Applicant *

Organisation Name

Organisation Name

Applicant Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Organisation website

If applicable

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Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Applicant Project Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Person who is main contact for the project

Applicant Project Contact Position *

Applicant Project Contact Primary Phone Number *

Applicant Project Contact Primary Email *

Project Details

* indicates a required field

Grant Streams

There are 2 streams for these grants:

First Nations - for Aboriginal Community Controlled Organisations or First Nations led organisations to deliver services to First Nations victim-survivors that are culturally informed and safe, and meet the grant guidelines.

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Community Grants - a general grant round for projects and services that meet the grant guidelines.

Note that you can submit separate applications in both streams but only one application per organisation will be funded

Which grant stream are you applying for? *

- First Nations
- Community

If you are applying for a First Nations grant you must be a Aboriginal Community Controlled Organisation or First Nations led.

Which grant tier are you applying for? *

- Tier 1 (\$100,001 - \$200,000)
- Tier 2 (\$50,001 - \$100,000)
- Tier 3 (10,000 - \$50,000)

All figures are EX GST

NOTE: For those applying for Tier 1 and Tier 2 grants, it is expected that your responses to the questions in this application form contain a level of detail reflective of the funding amount that you are seeking.

Project - Details

Project title *

Word count:

Must be between 1 and 10 words.

Provide a name for your project/program/initiative. Your title should be short but descriptive.

Brief Project Summary *

Must be no more than 100 words.

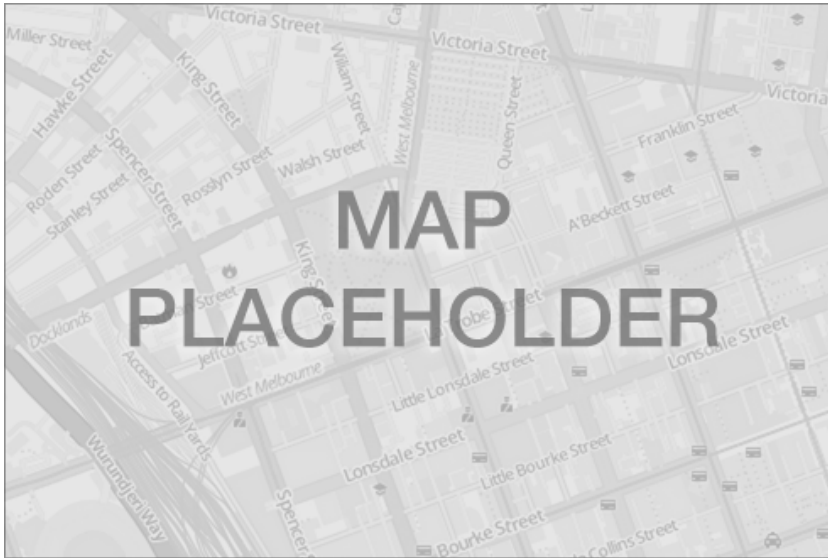
Provide a short summary that tells us exactly what you want to do.

Project Location (town) *

Address

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Suburb/Town is required.
This is the main suburb or town the project will be located in.

Please describe your project in detail including how your initiative addresses the specific mental health and/or recovery needs of DFSV victim-survivors, particularly in the healing phase? Explain how new methods, models, or approaches improve upon existing services or meet unmet needs. *

Word count:
Must be no more than 300 words.
Describe the specific issue or need and evidence

How does this project contribute to equity of access to primary care and align with the PHN's Safe and Healthy: Domestic, Family and Sexual Violence Framework, especially for particularly vulnerable and marginalised populations? *

Must be no more than 200 words.
Please include any priority populations and rationale as to why.

Describe your qualifications, experience and demonstrated connections to the community and specific cohorts outlined in the project. Include evidence of existing service delivery and community connection within the proposed project locations. *

Word count:
Must be no more than 200 words.
Provide an example of how your organisation has previously supported DFSV victim-survivors or facilitated mental health recovery.

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How will you ensure your project is inclusive and culturally safe? *

Must be no more than 100 words.

Is your project sustainable? What are the next steps after June 2026? *

Word count:

Must be no more than 100 words.

Detail any strategies for: collaborations, securing funding from alternative sources, developing your organisation's internal capacity (e.g., training staff, improving infrastructure) to continue delivering the program independently after the grant period.

Do you have any partners for this project? *

- Yes
- No

Partner Organisations

Partner Organisation Name	ABN of Partner Organisation	Partner Role in Project
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Partner Support

Please upload a support letter from your partner organisation(s).

You may upload more than 1 file

Support Letters *

Attach a file:

Minimum of 1. Max 25mb

Outcomes and Evaluation

Describe any evidence-based tools or outcome measurement systems (e.g., surveys, assessment scales, or qualitative methods) that will help evaluate the program's success in supporting DFSV victim-survivors. *

Word count:

Must be no more than 100 words.

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Describe how you will engage DFSV victim-survivors in providing feedback on the service, including methods for obtaining feedback that are sensitive to their experiences. *

Risks

Please note the main risks of the project (minimum of 3) and what mitigation strategies will be incorporated into your planning.

Identified Risks	Mitigation Strategy
	At least 3 must be addressed

Activity Plan and Budget

* indicates a required field

Project Start Date *

Must be a date.
Can be an estimate

Project End Date *

Must be a date.
Can be an estimate.

Provide details of your staffing structure for the initiative, including Full-Time Equivalent (FTE), their qualifications, and an estimate of the number of clients your service will support during the grant period. *

Word count:
Must be no more than 150 words.

Milestones

Please provide an overview of main activities only.

Those applying for larger grant amounts should supply a more detailed list of activities.

Further clarification may be required if shortlisted or successful.

Please add additional lines as required.

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Milestone/Activity	Start Date	End Date
	If not known, an estimate is required Must be a date.	If not known, an estimate is required Must be a date.

Budget

Please provide a budget breakdown for funding requested. For larger grant amounts, it is expected that a more detailed budget of expenditure items and explanation notes where appropriate is provided.

Note that shortlisted and/or successful applicants may be required to submit further clarification. Refer to the grant [guidelines](#) for items that cannot be funded through this grant.

Applicants may be offered a different level of funding than applied for, based on assessment.

When filling in the table, add additional lines as required.

Amounts are ex GST and whole dollars.

NOTE: you may include reasonable evaluation costs and costs to cover your attendance at the symposium.

Expenditure Item	Amount	Notes
	Ex GST Must be a number.	

Grant Amount

Total Amount Requested *

\$

This number/amount is calculated.
Whole dollars to a maximum of \$200 000 ex GST

Project Cost

Additional Expenditure Items and/or In Kind Support and estimated cost *

Other expenses, their estimated cost and how these are being covered.

Total Project Cost *

\$

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Must be a dollar amount.

What is the total budgeted cost (dollars) of your project? This is the amount your are requesting plus the additional expenditure.

Certification and Feedback

* indicates a required field

Bank Details

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Bank Name *

To expediate payment, a supplier form must be completed, signed, and uploaded below. Please download the template:

[Supplier Form](#)

Upload the completed Supplier Form *

Attach a file:

A minimum of 1 file must be attached.

Upload the completed form. Note that the bank account must match the ABN holder details.

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation.

Applications close at 5.00pm on 6th December 2024. No extensions will be granted so please ensure you SUBMIT prior to this time.

I certify that to the best of my knowledge the statements made within this application are true and correct.

I understand that I may be asked to attend an interview to discuss my application.

If requested, as part of due diligence, I may be required to submit financial statements/ annual reports for review.

I agree *

Yes

No

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We understand and can comply with the requirement to attend the symposium and present our project and outcomes (scheduled for late 2025 (as per the guidelines) *

Yes

No

Name of authorised person *

Title

First Name

Last Name

Position *

Position held in applicant organisation

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback..

Please indicate how you found the online application process:

Very easy

Easy

Neutral

Difficult

Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Word count:

Must be no more than 250 words.