

SHARING STORIES APPLICATION FORM 08/10

THIS FUND IS SPONSORED BY **HEALTHWAY** TO PROMOTE **RELATIONSHIPS AUSTRALIA'S** MESSAGE **MAKE TIME TO TALK** AND IS MANAGED BY **COMMUNITY ARTS NETWORK WESTERN AUSTRALIA LTD.**

COMPLETING THIS FORM

Please print in BLOCK letters.

APPLICANT DETAILS

The applicant for funding is an:

Incorporated association

Organisation

Group (groups must be auspiced by an incorporated body)

Applicant's name (or group/organisation): _____

Project contact person: _____

Postal address: _____

Postcode: _____

Telephone: _____ Facsimile: _____

Email: _____

Do you have an Australian Business Number (ABN)? YES NO

Yes, my ABN is: _____

If No, do you have a certificate of exemption? YES NO

Are you registered for GST? YES NO

AUSPICING DETAILS for group applicants (contact CAN WA for assistance with auspicing)

Do you have an auspicing body? YES NO

Auspicing body's name: _____

Auspicing body's contact person: _____

Postal address: _____

Postcode: _____

Telephone: _____ Facsimile: _____

Email: _____

Auspicing body's ABN: _____

Is the auspicing body registered for GST? YES NO

PROJECT TITLE: _____

Total cost of project (excl GST): \$ _____

Amount requested from **Sharing Stories** (excluding GST) \$ _____

Project starting date: _____ Project ending date: _____

Please note, the application must be submitted to CAN WA at least 2 calendar months prior to the commencement of the project.

ADDITIONAL INFORMATION

PUBLIC LIABILITY

As part of implementing a risk management approach to organisational activities, organisations are reminded of the benefits of obtaining public liability insurance cover for such activities.

Is the applicant/organisation covered by public liability? YES NO

If No, please state why: _____

If Yes, what level of public liability cover? \$ _____

COPYRIGHT

Applicants are strongly advised to clarify with artists all matters relating to copyright, ownership of cultural images and royalty payments before the commencement of any activity.

REFEREES

Please list the details of the three (3) referees below. Referees are expected to be people who can vouch for you/or your organisation/group skills, experience and reliability.

Referee 1. Name: _____

Address: _____

Contact number: _____

Referee 2. Name: _____

Address: _____

Contact number: _____

Referee 3. Name: _____

Address: _____

Contact number: _____

SUPPORT MATERIAL PROVIDED

Annual Report

Audio / video tapes / CD's / DVD's / photos / slides

Budget quotes

Certificate of incorporation

Resumes of key artists / artworkers / healthworkers

Letters of agreement from key artists / artworkers / health workers

Letters of support (must be provided from all communities/participants indicated in this application)

Reports / reviews

Other

PROJECT BUDGET

Complete this budget **exclusive** of GST in both income and expenditure. We will add 10% to the funds for GST purposes.

Indicate in the **Sharing Stories** column how much **Sharing Stories** funding will be used for each item.

REMEMBER: The amount requested is up to \$5,000. Make sure boxes O and P equal E.

EXPENDITURE	PROJECT EXPENSES	SHARING STORIES	INCOME	PROJECT INCOME
[A] Artswoker fees, wages			[K] Earned income (e.g. sale of merchandise, workshop fees, ticket sales, etc.)	
[A] Subtotal	[A]	[F]	[K] Subtotal	[K]
[B] Direct costs (e.g. venue hire, travel, materials, production, etc.)			[L] Other funding sources (e.g. Commonwealth, State, local government)	
[B] Subtotal	[B]	[G]	[L] Subtotal	[L]
[C] Overhead costs (e.g. office, administration, etc.)			[M] Your own contribution (in kind or cash)	
[C] Subtotal	[C]	[H]	[M] Subtotal	[M]
[D] Promotion, presentation, documentation, advertising costs (e.g. photography, printing, advertising)			[N] Sponsorship income (private sector funding in kind/cash)	
[D] Subtotal	[D]	[I]	[N] Subtotal	[N]
[E] TOTAL EXPENDITURE (Add boxes A to D)	[E]	[J] (add boxes F to I)	[O] TOTAL OTHER INCOME (add boxes K to N)	[O]
			[P] TOTAL AMOUNT REQUESTED FROM SHARING STORIES [E minus O]	[P]

COMPLETING THE APPLICATION QUESTIONS

Answer questions **1 to 5** on your own paper, using a maximum of four, single sided A4 pages.

Questions **6 to 9** are to be completed on the application form in the tables provided.

QUESTIONS 1 TO 5

1. Describe the project. How will you bring communities together to workshop ideas?
2. How will arts and culture be used to gain new skills?
3. How will this project express your community identity and communicate across cultures?
4. How will the project encourage healthy community participation and inspire creativity?
5. Describe the long-term benefits of this project.

QUESTIONS 6 to 9

6. **Target groups****Age ranges**

Please estimate the number of males and females who will be involved in your project and their anticipated age groups.

	PARTICIPANTS			SPECTATORS		
	Male	Female	Total	Male	Female	Total
Under 12						
Youth 13-17						
Adult 18-54						
Senior 55+						
Total						

Although the program is open to everyone, priority will be given to applicants who include youth, indigenous people and people from ethnic communities in the planning and participation of the project.

Population groups

Please indicate below which of the following groups you will target as part of your project.

POPULATION GROUPS	SPECIFIC TARGET	LIKELY TO ATTEND
Indigenous people		
Ethnic communities		
Youth		
Other (please specify)		

7. Project promotion

How will the project be promoted to attract participants and an audience?

Please indicate below.

- | | |
|------------------------------|------------------------|
| Flyer | Poster |
| Print media advertising | School promotion |
| Radio advertising | Other (please specify) |
| Newsletter/other publication | |

8. Contributing to a healthy environment

For each of the following, please indicate whether it is already in place, whether you are prepared to introduce or you are unable/unwilling to introduce, stating why.

	ALREADY IN PLACE	WILL INTRODUCE	NOT APPLICABLE OR UNABLE TO INTRODUCE *
Totally smoke free venue (indoors)			
Smoke free outdoor areas			
Sale of tobacco products prohibited			
Responsible alcohol serving practices			
Healthy food choices offered			
Sun protection measures introduced in outdoor settings			

* Please provide a brief explanation why the action is not applicable or unable to be introduced.

9. Educational strategies

If you are successful in your application, you will be required to promote the Make Time to Talk message. Relationships Australia will assist you with this.

Please indicate what promotional strategies you will use to promote the health message.

- | | |
|---|---|
| Presentation / Naming rights | Signage (supplied by RA) at all workshops/ performances / exhibition venues |
| P/A announcements or speeches to acknowledge Healthway and the <i>Make Time Talk</i> message from Relationships Australia | Website logos/links |
| Media exposure | Program advertising |
| Distribute <i>Make Time to Talk</i> resources | Other (please specify) |
| Logo recognition on printed material and/or clothing | |

If your application is successful, these undertakings and conditions will form part of your contract with CAN WA.

We agree:

- To permanently ensure all indoor areas are smoke-free. Where possible, outdoor functions under your control will be smoke-free.
- No person will smoke or be seen to carry tobacco products while officially involved in this project.
- To acknowledge the support of Healthway, Relationships Australia (RA) and CAN WA.
- To promote the *Make Time to Talk* health message such that all supplied signs, clothing, logos and other health promotional material related to the message are prominently displayed at all times.
- To ensure that all returnable materials (i.e. signage) relating to the health message will be sent back to CAN WA by the due date.
- To invite a representative from CAN WA, RA and Healthway to visit the project event.
- To use the project funding for the approved purpose only or to seek approval from CAN WA for changes to the budget.
- To return unspent monies to CAN WA.
- To provide, within four weeks of the project's completion:
 - An evaluation of the project on the forms provided.
 - A statement of income and expenditure, showing how the project funds were spent.
- CAN WA has the right to terminate this agreement if the project is not carried out according to the agreed proposal or the conditions as outlined above.

DECLARATION

Please sign and date the form below.

I have read the guidelines relating to this program and certify to the best of my knowledge, the information provided in these forms and attached sheets is correct.

The applicant is NOT currently in receipt of funding from Healthway and does NOT have an outstanding acquittal for funds received from Healthway.

Applicant: (if the applicant is an organisation or association, the declaration must be signed by the CEO, Chairperson or President).

Signature: _____

Name: _____

Date: _____

Auspicing body:

Signature: _____

Name: _____

Date: _____

APPLICATION CHECKLIST

Before handing in your application, read through the following checklist to make sure you have included all the necessary information.

Has your application been developed through consultation with CAN WA?

Is the project for a regional Western Australian community?

Have you addressed the selection criteria?

Have you provided evidence of appropriate support for the project?

Have you enclosed letters of agreement from the artists / coordinators / health professionals listed in the project?

Have you attached relevant resumes (or CV's)?

Have you explained how you will promote your project and what strategies you will use?

Have you explained your commitment to health promotion and listed your healthy environment promotional and educational strategies?

Have you completed the budget and checked that the figures have been added up correctly?

Have you completed the application form and signed the declaration?

Have you kept a copy of your application?