

# INDIA COVID-19 CRISIS RELIEF FUND

**Application Form**

Please read the funding guidelines carefully and speak to a member of the Funding team at the Office of Multicultural Interests (OMI) before completing an application.

Contact (08) 6552 1729 or email **grants@omi.wa.gov.au** for further information and assistance.

## Eligibility

|  |  |
| --- | --- |
| Is your organisation a **Western Australian Indian community association**? *The Funding Guidelines provide a detailed definition of this eligibility criteria and outline how an organisation can demonstrate that they address this. You are required to attach a copy of the organisation’s Certificate of Incorporation. You may be required to provide other documentation to address this criteria.*  | **Yes** [ ]  **No**  [ ]   |
|  |  |
| Is your organisation partnering with a **registered Australian charity organisation**? *The Funding Guidelines provide a detailed definition of this eligibility criteria and outline how an organisation can demonstrate that they address this. You are required to attach a copy of the organisation’s ACNC Registration Certificate and evidence of your partnership or affiliation. You may be required to provide other documentation to address this criteria.* | **Yes** [ ]  **No**  [ ]  |
|  |  |
| Does your partnering charity organisation have an existing relationship with a genuine registered organisation in India and support from an Indian authority? *You are required to provide documentational evidence of this.*  | **Yes** [ ]  **No**  [ ]  |
|  |  |
| Is your partnering charity organisation already delivering COVID-19 crisis relief on-the-ground in India directly or through an affiliated organisation? *You are required to provide evidence of this.*  | **Yes** [ ]  **No**  [ ]  |

If you have answered **‘No’** to any of these questions, please contact a member of the Funding team at OMI on (08) 6552 1729 or email **grants@omi.wa.gov.au**

## Applicant information

**Organisation details**

This is the WA Indian community association leading the activity.

|  |  |
| --- | --- |
| Legal name of organisation: | Click here to enter text. |
| Trading name (if applicable): | Click here to enter text. |
| Postal address: | Click here to enter text. |
| Suburb: | Click here to enter text. | Postcode: | Enter text. |
| Telephone: | Click here to enter text. |
| Organisation website: | Click here to enter text. |

**Organisation contact**

This is the person legally authorised to enter into contracts on behalf of the organisation. This is generally the chairperson, president or equivalent officer.

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Position: | Click here to enter text. |
| Telephone: | Click here to enter text. |
| Mobile:  | Click here to enter text. |
| Email:  | Click here to enter text. |
| These contact details may be placed on the OMI database: | **Yes** [ ]  **No** [ ]   |

Note: Personal information collected by OMI is handled in accordance with the *Privacy Act 1988*

**Project contact**

This is the person responsible for the daily coordination and administration of the activity.

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Position: | Click here to enter text. |
| Telephone: | Click here to enter text. |
| Mobile:  | Click here to enter text. |
| Email:  | Click here to enter text. |

**Organisation overview**

|  |  |
| --- | --- |
| Does your organisation have paid staff? | **No** [ ]  **Yes** [ ]  |
| If yes, how many? | Click here to enter text. |
|  |  |
| Does your organisation have volunteers? | **No** [ ]  **Yes** [ ]  |
| If yes, how many? | Click here to enter text. |
|  |  |
| Does your organisation have members? | **No** [ ]  **Yes** [ ]  |
| If yes, how many? | Click here to enter text. |

**Provide a brief summary of your organisation, including its establishment in Western Australia, its purpose and regular activities.** *You can attach or refer to evidence of this to support your application, such as annual reports or marketing materials.*

Click here to enter text.

**Provide a brief overview of the Indian community or communities in Western Australia that your organisation represents (or is representing in this application), including your organisation’s role in the community.** *You can attach or refer to evidence of this to support your application, such as letters of support or membership information.*

Click here to enter text.

**Provide a brief overview of previous and/or current activities or initiatives led by your organisation that provide crisis relief or emergency response support to the community.** *You can attach or refer to evidence of this to support your application, such as reports, campaigns or communications material.*

Click here to enter text.

## Partnering charity information

**Organisation details**

This is the registered Australian charity organisation partnering with the applicant organisation.

|  |  |
| --- | --- |
| Legal name of organisation: | Click here to enter text. |
| Trading name (if applicable): | Click here to enter text. |
| Postal address: | Click here to enter text. |
| Suburb: | Click here to enter text. | Postcode: | Enter text. |
| Telephone: | Click here to enter text. |
| Organisation website: | Click here to enter text. |

**Organisation contact**

This is the person legally authorised to enter into contracts on behalf of the organisation. This is generally the chairperson, Chief Executive Officer or equivalent officer.

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Position: | Click here to enter text. |
| Telephone: | Click here to enter text. |
| Mobile:  | Click here to enter text. |
| Email:  | Click here to enter text. |
| These contact details may be placed on the OMI database: | **Yes** [ ]  **No** [ ]   |

Note: Personal information collected by OMI is handled in accordance with the *Privacy Act 1988*

**Project contact**

This is the person responsible for the daily coordination and administration of the activity.

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Position: | Click here to enter text. |
| Telephone: | Click here to enter text. |
| Mobile:  | Click here to enter text. |
| Email:  | Click here to enter text. |

## Organisation overview

|  |  |
| --- | --- |
| Does the organisation have paid staff? | **No** [ ]  **Yes** [ ]  |
| If yes, how many? | Click here to enter text. |
|  |  |
| Does the organisation have volunteers? | **No** [ ]  **Yes** [ ]  |
| If yes, how many? | Click here to enter text. |
|  |  |
| Does the organisation have members? | **No** [ ]  **Yes** [ ]  |
| If yes, how many? | Click here to enter text. |

**Provide a brief summary of the organisation, including its purpose and regular activities, and an overview of its operations or formal affiliations in India.** *To be eligible for funding, the partnering charity organisation must have an existing relationship or affiliation with a genuine registered organisation in India and support from an Indian authority. You are required to attach or refer to evidence of this to support your application, such as a certificate of NGO registration.*

Click here to enter text.

**Provide a brief overview of the relationship between your association and your partnering charity organisation, including the nature of the arrangement for this application.** *You are required to attach or refer to evidence of this to support your application, such as a copy of a Memorandum of Understanding (MOU) or governing documents.*

Click here to enter text.

**Provide a brief overview of the COVID-19 crisis relief initiatives that the partnering charity organisation is currently delivering on-the-ground in India, including where in India.** *To be eligible for funding, the partnering charity organisation must already be delivering COVID-19 crisis relief on-the-ground in India either directly or through an affiliate. You are required to attach or refer to evidence of this to support your application, such as reports, campaigns or communications material.*

Click here to enter text.

## Allocation of funding

**Provide a brief overview of the COVID-19 crisis relief initiatives in India that this funding is planned to support. Include *when* and *where* in India the funding will be allocated, and how it will enhance or complement the initiatives currently being delivered by your partnering charity organisation.** *You can attach or refer to evidence of this to support your application, such as reports, campaigns or communications material.*

Click here to enter text.

**Budget**

Use the table below to detail the types of costs the funding will be allocated to. All amounts should be in **$AUD**, including goods and services to be purchased in India.

The funding request amount must be **from $100,000 to $500,000**.

**Do not include GST in your costings.**

|  |  |
| --- | --- |
| **Funding request amount:** | **$** Enter text. |

|  |  |  |
| --- | --- | --- |
| (1)Budget Items (i.e. what the money will be spent on.) | (2)This Funding Request Amount($AUD) (ex. GST) | (3)Location of cost or purchase.  |
| *Example only:**Dry goods supply for food security program* | *$50,000* | *Uttar Pradesh, India* |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Total: | Enter text. |  |

## Risk management

**List the top three risks associated with delivering your activity, and how you plan to mitigate them.** *A ‘risk management plan’ may be attached to support your application.*

Click here to enter text.

## Taxation and banking details

**Applicant organisation – Taxation details**

|  |  |
| --- | --- |
| ABN: | Click here to enter text. |
| Is your organisation registered for GST? | **Yes** [ ]  **No** [ ]  |

**Applicant organisation – Bank account details**

|  |  |
| --- | --- |
| Bank name: | Click here to enter text. |
| Bank branch: (suburb) | Click here to enter text. |
| Name of bank account:(e.g. Youth Group Inc.) | Click here to enter text. |
| BSB number:(must be 6 digits) | Click here to enter text. |
| Bank account number:(up to 9 digits) | Click here to enter text. |

If the application is successful, funding will be allocated as a one-off grant directed through the partnering charity organisation.

**Partnering charity organisation – Taxation details**

|  |  |
| --- | --- |
| ABN: | Click here to enter text. |
| Is the organisation registered for GST? | **Yes** [ ]  **No** [ ]  |

**Partnering charity organisation – Bank account details**

|  |  |
| --- | --- |
| Bank name: | Click here to enter text. |
| Bank branch: (suburb) | Click here to enter text. |
| Name of bank account:(e.g. Youth Group Inc.) | Click here to enter text. |
| BSB number:(must be 6 digits) | Click here to enter text. |
| Bank account number:(up to 9 digits) | Click here to enter text. |

## Declarations

This declaration is made by the **applicant organisation**:

* I declare that I am currently authorised\* to sign legal documents on behalf of the organisation.
* I declare that all the information provided is true and correct.
* I declare that the organisation is financially viable and is able to meet all accountability requirements.
* I give permission to the Office of Multicultural Interests, if applicable, to contact any persons or organisations in the processing of this application and understand that information may be provided to other agencies, as appropriate.
* I agree to ensure that risk management strategies and appropriate insurances are in place (e.g. worker’s compensation, volunteers, professional indemnity, public liability, motor vehicle etc.)
* I agree to ensure that all required regulatory and legal requirements are met.
* I agree to run the activity as stated and provide a final report and statement of income and expenditure (signed by the authorised officer) to demonstrate how the funds were used to the Office of Multicultural Interests by the agreed date which will be outlined in the payment advice letter.

|  |  |
| --- | --- |
| Name of the organisation: | Click here to enter text. |
| Legally authorised officer name: | Click here to enter text. |
| Legally authorised officer position: | Click here to enter text. |
| Legally authorised officer email: | Click here to enter text. |
| Legally authorised officer telephone: | Click here to enter text. |
| Legally authorised officer signature: | Click here to enter text. |
| Witness name: | Click here to enter text. |
| Witness signature: | Click here to enter text. |
| Date: | Click here to enter text. |

**\*Important:** The declaration must be signed by the person legally authorised to enter into contracts on behalf of the applicant organisation. For incorporated associations this is generally the chairperson, president or equivalent officer. All formal correspondence will be directed to the applicant organisation’s legally authorised officer, with copies provided to the partnering charity organisation’s legally authorised officer.

This declaration is made by the **partnering charity organisation**:

* I declare that I am currently authorised\* to sign legal documents on behalf of the organisation.
* I declare that all the information provided is true and correct.
* I declare that the organisation is financially viable and is able to meet all accountability requirements.
* I give permission to the Office of Multicultural Interests, if applicable, to contact any persons or organisations in the processing of this application and understand that information may be provided to other agencies, as appropriate.
* I agree to ensure that risk management strategies and appropriate insurances are in place (e.g. worker’s compensation, volunteers, professional indemnity, public liability, motor vehicle etc.)
* I agree to ensure that all required regulatory and legal requirements are met.
* I agree to run the activity as stated and contribute to a final report and statement of income and expenditure (signed by the authorised officer) to demonstrate how the funds were used to the Office of Multicultural Interests by the agreed date which will be outlined in the payment advice letter.

|  |  |
| --- | --- |
| Name of the organisation: | Click here to enter text. |
| Legally authorised officer name: | Click here to enter text. |
| Legally authorised officer position: | Click here to enter text. |
| Legally authorised officer email: | Click here to enter text. |
| Legally authorised officer telephone: | Click here to enter text. |
| Legally authorised officer signature: | Click here to enter text. |
| Witness name: | Click here to enter text. |
| Witness signature: | Click here to enter text. |
| Date: | Click here to enter text. |

**\*Important:** The declaration must be signed by the person legally authorised to enter into contracts on behalf of the applicant organisation. For not-for-profit organisations this is generally the chief executive officer. All formal correspondence will be directed to the applicant organisation’s legally authorised officer, with copies provided to the partnering charity organisation’s legally authorised officer.

## Checklist

Before submitting your application for assessment, please ensure that the following steps have been completed. This checklist is included to ensure that you provide all the required information for assessment of your application.

Please tick each step once complete and submit with your application:

[ ]  The Funding Guidelines have been read and understood by the legally authorised officer.

[ ]  You have discussed your application with a member of the Funding team at the Office of Multicultural Interests.

[ ]  All questions in this form have been completed.

[ ]  A copy of the applicant organisation’s Certificate of Incorporation – or equivalent evidence of the organisation’s not-for-profit status – has been attached.

[ ]  A copy of the partnering charity organisation’s ACNC Registration Certificate has been attached.

[ ]  Copies of any required documents to address the eligibility criteria have been attached (e.g. Constitution, certificate of NGO registration, Memorandum of Understanding etc.).

[ ]  You have provided your ABN or, if you do not have an ABN, a ‘Statement by a Supplier form’ has been attached.

[ ]  You have provided your organisation’s bank account details.

[ ]  You have provided the partnering charity organisation’s ABN.

[ ]  You have provided the partnering charity organisation’s bank account details.

[ ]  Any documents to support your application have been attached (e.g. reports, campaign collateral, letters of support, etc.), where applicable.

[ ]  The Declaration of this form has been signed by the applicant organisation’s legally authorised officer, and the partnering charity organisation’s legally authorised officer.

## Application submission

Applications and supporting documents must be received by the Office of Multicultural Interests by **4.00pm Monday 31 May 2021**. No late applications will be accepted.

Applications can be submitted by:

**Email**

Send your application and supporting documents to **grants@omi.wa.gov.au**