



# HEALTH SMART GRANTS

## EXPRESSION OF INTEREST FORM

### Expression of Interest

Thank you for considering nib foundation's Health Smart Grants program. Our grant focus and application process has changed this year, so please be sure to read the Health Smart Grants guidelines carefully.

In response to a review of our grant-making processes in 2018, we have taken on board feedback from our past applicants regarding lengthy application forms and the burden this places on the sector. As a result, we have implemented a two-stage EOI and full application process.

This EOI stage aims to gain a succinct understanding of your project concept. Applicants invited to progress to the second stage will be required to submit a detailed application. Please aim to be clear and concise within the word limit provided. Words above the limit may not be visible upon submission.

Please submit your EOI by filling out your contact details on the Online Submission Form and upload your completed PDF EOI form by 30 August 2019.

### Eligibility checklist

Is your organisation a Deductible Gift Recipient (DGR) charity?

YES

NO

Is your organisation a Tax Concession Charity (TCC)?

YES

NO

### Applicant details

Registered name of the organisation

Australian Business Number (ABN)

Organisation revenue per annum

Name of contact person

Name of CEO

Position

Phone

Mobile

Email

Provide links to your organisation's three highest performing online channels.

(Consider: Website, Facebook, Twitter, Instagram, CEO LinkedIn account)

  
  

Briefly tell us your organisation's purpose and core activities.

## Project details

Summarise the project you are seeking funding for in one sentence.

Will the project require co-funding?  YES  NO

If yes, provide the estimated value and source of the funding

Preferred project duration

Is the project new or existing?

NEW  EXISTING

## Beneficiaries

How many people do you expect to directly benefit from this project?

Who will the beneficiaries be?

Where in Australia will the project participants be located?

Which funding priority does your project respond to?

See the grant guidelines for descriptors of each priority area. (Select all applicable options)

Multiple choice – select multiple

- |   |   |
|---|---|
| <input type="checkbox"/> Healthy habits | <input type="checkbox"/> Sleep              |
| <input type="checkbox"/> Wellbeing      | <input type="checkbox"/> Maintaining health |
| <input type="checkbox"/> Mental health  | <input type="checkbox"/> Other              |

What outcomes do you anticipate this project will achieve for the beneficiaries?

See the grant guidelines for descriptors of each outcome category. (Select the three most applicable options)

Multiple choice – select multiple

- |  |  |
|--|--|
| <input type="checkbox"/> Health knowledge      | <input type="checkbox"/> Connection              |
| <input type="checkbox"/> Skills                | <input type="checkbox"/> Symptom/ risk reduction |
| <input type="checkbox"/> Attitudes and beliefs |  |

Describe the project including what the project will do and how it will achieve the outcome of building health literacy and achieving positive behaviour change in the target audience. 400 words max

This grant program awards two of our six successful applicants an additional \$40,000 decided by public vote. Give an indication of how you could use the additional funds to address the grant guidelines? (Details will be negotiated with successful grantees) 100 words max