**Protecting Our Communities (Disaster Resilience) -**

**Application Form**

##### ABOUT THE PROTECTING OUR COMMUNITIES (Disaster Resilience) PROGRAM

The Protecting our Communities (Disaster Resilience) (POC) Program delivers the Government’s 2022 election commitments to provide support to communities across Australia undertake a range of important projects to build increase resilience and preparedness for future disasters at the local level.

The program is a one-off, closed, non-competitive grants program. Your project has been identified to receive grant funding. An application is required for this program as funding cannot be provided to ineligible entities or for ineligible activities.

The POC program will run over from 2022-23 to 2025-26 and has been designed to achieve the following outcomes:

* increase disaster resilience at the local level;
* enhance disaster preparedness at the local level; and
* assist communities to be better prepared for disaster.

Whilst the Australian Government has made a commitment of funding to your project, funds are public monies and relevant legislation applies. As such, the National Emergency Management Agency (the Agency) has an obligation for funding to be assessed against value for money principles, prior to funding decisions being made.

Completing this form

You must read the [Grant Opportunity Guidelines](https://www.grants.gov.au/Go/Show?GoUuid=b9944f79-c8ec-49bd-b4fc-24957b8cf4a5) prior to submitting your application form.

We recommend you keep the guidelines open as you are completing your application so you can refer to them when providing your responses.

Your application must be received no later than 10 days from the date you receive the invitation to apply.

You will need to submit the completed application form with all required supporting documentation to [RegionalPrograms@nema.gov.au](mailto:RegionalPrograms@nema.gov.au)

If your response is likely to include large documents, please email the Agency to make arrangements to transfer these documents electronically.

You must complete all sections of the application. If a section is not applicable to your application, please indicate as N/A.

If additional space is required for your answers, include them as an attachment.

Disclosure of Information

The Commonwealth’s use and disclosure of your information, provided in this application or otherwise, is set out in the program guidelines.

**Getting Help**

If you require further assistance completing this form please contact us by email at [RegionalPrograms@nema.gov.au](mailto:RegionalPrograms@nema.gov.au)

##### ELIGIBILITY

We cannot consider your application if you do not satisfy all of the eligibility criteria. If you are deemed ineligible, you will be advised in writing.

Has your organisation been invited to apply for this program by the Australian Government, or are you a sponsor organisation that has been approved to deliver the project by the agency?

Yes

No

Has the agency agreed that your organisation can act as a sponsor organisation for the project?

Yes

No

N/A

Do you have an Australian Business Number (ABN)?

Yes

No

Are you one of the following eligible entities?

an incorporated association

a registered charity or not-for-profit organisation

an Australian local government body

an Australian state or territory government body

an incorporated trustee on behalf of a trust

an Aboriginal and/or Torres Strait Islander Corporation registered under the [*Corporations (Aboriginal and /or Torres Strait Islander) Act 2006*](https://www.legislation.gov.au/Series/C2006A00124)

a publicly owned corporation

other **(if selected, please specify below)**

Click or tap here to enter text.

Are you registered for the purposes of GST?

Yes

No

Do you have an account with an Australian financial institution?

Yes

No

Is your organisation, or your project partner, an organisation included on the National Redress Scheme’s website on the list of ‘Institutions that have not joined or signified their intent to join the Scheme’ ([www.nationalredress.gov.au](http://www.nationalredress.gov.au))?

Yes

No

Are you an employer of 100 or more employees that has not complied with [*Workplace Gender Equality Act (2012)*](https://www.wgea.gov.au/what-we-do/reporting)?

Yes

No

Does your project include the construction, upgrade or extension of infrastructure or a non-infrastructure project that will increase the disaster resilience of the community?

Refer to section 4 of the grant opportunity guidelines for further information on eligible and ineligible activities.

Yes

No

Do you own the land and infrastructure for the project?

Yes

No

N/A

If you answered no, you must answer yes to the following question.

If your project is situated on private land, do you have a formal arrangement, such as a lease, for the use of the land?

Yes

No

##### ENTITY DETAILS

|  |  |
| --- | --- |
| Organisation Name | *Click or tap here to enter text.* |
| ABN | *Click or tap here to enter text.* |
| I am a sponsor organisation | Yes  No |

Your Organisation’s Physical (registered) Address

|  |  |
| --- | --- |
| Street Address Line 1 | *Click or tap here to enter text.* |
| Street Address Line 2 | *Click or tap here to enter text.* |
| Suburb/Town | *Click or tap here to enter text.* |
| State/Territory | *Click or tap here to enter text.* |
| Postcode | *Click or tap here to enter text.* |
| Organisation Email | *Click or tap here to enter text.* |
| Organisation Website | *Click or tap here to enter text.* |

Your Organisation’s Postal Address

|  |  |
| --- | --- |
| Postal Address Line 1 | *Click or tap here to enter text.* |
| Postal Address Line 2 | *Click or tap here to enter text.* |
| Suburb/Town | *Click or tap here to enter text.* |
| State/Territory | *Click or tap here to enter text.* |
| Postcode | *Click or tap here to enter text.* |

Authorised Person Details

*An authorised person is nominated by the entity to act on behalf of the organisation.*

|  |  |  |
| --- | --- | --- |
| Title (e.g. Mr/Mrs/Ms/Dr) | *Click or tap here to enter text.* | |
| First Name | *Click or tap here to enter text.* | |
| Surname | *Click or tap here to enter text.* | |
| Position | *Click or tap here to enter text.* | |
| Telephone | *(w)Click or tap here to enter text.* | *(m)Click or tap here to enter text.* |
| Email Address | *Click or tap here to enter text.* | |

##### PROJECT DETAILS

On this page you must provide detailed information about your proposed project.

If your application is successful, we are required to publish some details on GrantConnect and other government publications. Published details include:

* name of the grant recipient
* a project title
* a brief project description and its intended outcome
* amount of grant funding awarded.

**Project title**

This name should reflect the nature of the project as announced during the 2022 election campaign.

*We may adjust this title for administrative purposes.*

Click or tap here to enter text.

**Project manager contact details**

|  |  |  |
| --- | --- | --- |
| Title (e.g. Mr/Mrs/Ms/Dr) | *Click or tap here to enter text.* | |
| First Name | *Click or tap here to enter text.* | |
| Surname | *Click or tap here to enter text.* | |
| Position | *Click or tap here to enter text.* | |
| Telephone | *(w)Click or tap here to enter text.* | *(m)Click or tap here to enter text.* |
| Email Address | *Click or tap here to enter text.* | |
| Any other details relevant to the project e.g. qualifications, experience, and professional memberships (if applicable) | *Click or tap here to enter text.* | |

**Project location**

For infrastructure projects, you must provide the address where your project will be undertaken in Table 1. If you have multiple sites you must provide the address of each site.

If a street number is not known, please provide the Lot number.

A project site must be a street address. Do not provide a postal address, institution or building name.

If the project is at more than one location, please provide details of all locations as an attachment.

For non-infrastructure projects, please complete Table 1 and Table 2.

|  |  |
| --- | --- |
| Street Address Line 1 | *Click or tap here to enter text.* |
| Street Address Line 2 | *Click or tap here to enter text.* |

Table 1

|  |  |
| --- | --- |
| Suburb/Town | *Click or tap here to enter text.* |
| State/Territory | *Click or tap here to enter text.* |
| Postcode | *Click or tap here to enter text.* |
| What is the name of the Traditional Custodians of the land on which the project address is located?  [Map of Indigenous Australia | AIATSIS](https://aiatsis.gov.au/explore/map-indigenous-australia) | *Click or tap here to enter text.* |
| Project geolocation (latitude and longitude) (infrastructure only) | *Click or tap here to enter text.* |

Table 2

**Detailed Project Description**

This information will be included in your grant agreement if your application is successful.

Provide a detailed description of your project including the project scope and key activities.

*Click or tap here to enter text.*

If the POC funded project is part of a larger project, please provide details below (i.e. POC is funding one stage of a multi-stage project).

*Click or tap here to enter text.*

**Project outcomes**

This information will be included in your grant agreement if your application is successful.

Provide a summary of the expected project outcomes.

*Click or tap here to enter text.*

**Eligible activities \*** you may select more than one option.

Select the eligible activities that your project will include

the construction of new infrastructure

the upgrade to existing infrastructure

the extension of existing infrastructure

non-infrastructure

Has your project commenced?

Yes (click or tap here to detail date when project commenced)

No

Any expenditure you incur on your project prior to the execution of a grant agreement is at your own risk. Due to the nature of the program, grant funding may not be provided for activities that have already commenced.

##### PROJECT BUDGET

**Budget summary**

You must provide a summary of your eligible project costs over the life of the project in a table as shown below.

We only provide grant funding based on eligible expenditure. Refer to Section 4 of the guidelines for guidance on eligible expenditure.

For projects over $100,000, it is highly recommended you attach a detailed project budget as part of your supporting documentation.

|  |  |  |
| --- | --- | --- |
| **Type of expenditure** | **Head of expenditure** | **Cost (GST exclusive)** |
| Project expenditure | | |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *$Click or tap here to enter text.* |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *$Click or tap here to enter text.* |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *$Click or tap here to enter text.* |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *$Click or tap here to enter text.* |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *$Click or tap here to enter text.* |
| Total |  | *$Click or tap here to enter text.* |

**Grant funding committed**

Enter the amount of grant funding committed under the 2022/23 election commitment announcement. This amount is detailed in your invitation to apply.

$ *Click or tap here to enter text.*

**Source of funding**

If the total project value is more than the grant funding committed, you must provide details of how you will fund the difference.

The total of all sources of funding plus your grant, should be equal to your total project expenditure in the section above.

For all other sources of funding, you will need to provide the dollar value, name and type of contributor.

Contributors are divided into the following types:

* Your contribution
* Other Commonwealth government grants
* Other non-Commonwealth government grants
* Other non-government contribution

Your own contribution to the project is also considered a ‘source of funding’ and must be provided. Do not include in-kind or non-cash contributions.

You may need to provide details around whether your contribution is sourced from bank loans, equity or cash flow etc. If the co-funding is not yet confirmed, please indicate when you expect to receive confirmation.

Include N/A if nil response required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Contributor** | **Amount ($)** | **Status (sought/confirmed)** | **Details of contribution** |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |

You will need to attach evidence of all contributions.

Where you are receiving other government funding you will need to provide details. Any other government funding must be confirmed.

##### Funding Contingencies

Provide details of how any cost overruns will be funded and managed for the length of the project.

We cannot increase the amount of funding you receive regardless of the reason. You must manage any contingencies and/or overruns. Inability to cover these costs can result in the withdrawal of grant funding.

Click or tap here to enter text.

##### ASSESSMENT CRITERIA

We will assess your application based on the weighting given to each criterion and against the indicators listed beneath each criterion. We will only consider funding applications that score at least 60 per cent against each criterion as these represent best value for money.

The amount of detail and relevant supporting evidence you provide should be commensurate with the project size, complexity and grant amount requested. You should define, quantify and provide evidence, where required, to support your answers.

To support your responses, you must include mandatory attachments to the application.

**Assessment Criterion One**

#### Benefits of the project to the Community (15 points)

You should demonstrate this by identifying

1. Why the project is needed by the community and how they will benefit from the project, including how it will increase the resilience and preparedness of the community against future disasters,
2. the broader benefits your project will deliver for the region and community during and beyond the term of funding,

Examples of how your project could deliver increased resilience and preparedness benefits and may include but are not limited to:

* ensuring the safety of residents through increasing the resilience of infrastructure
* improving the communities preparedness to future disasters through training
* ensuring communities are better placed to respond to disasters through purchasing response equipment

You should attach evidence to support your response.

Click or tap here to enter Assessment criterion 1 response.

**Assessment Criterion Two**

**Project Viability and Sustainability (15 points)**

You should demonstrate this through identifying:

1. how grant funding will impact the project including:

* whether the project will proceed without funding
* the scope and timing of the project.

1. your readiness to commence the project including:

* whether regulatory and/or development approvals are required or in place (infrastructure projects only)
* project designs and costings are underway or finalised
* authority from the land or infrastructure owner to undertake the project at the nominated site(s) (infrastructure projects only)
* funding contributions from all sources
* value for money
* whether community consultation has taken place (infrastructure projects only).

1. your plan to manage the project including addressing scope, implementation plan, procurement and works, timeframes, budget and risk management, commensurate to the size and nature of the project.

You should attach evidence to support your response.

If you are seeking a grant amount greater than $200,000 you must also include a project plan.

*Click or tap here to enter Assessment criterion 2 response.*

**Project duration**

Your project must be completed before or by 31 December 2026.

Estimated project start date Click or tap to enter a date.

Estimated project end date Click or tap to enter a date.

**Project milestones**

‘Project milestones’ refers to a specific point within your project timeline that signifies the successful completion of a major event or task. Examples may include plans approved by council, excavation of site, construction of buildings, completion of fit-out, etc.

You must breakdown your project into milestones. You should include the key activities occurring at each milestone. The start date of milestone 1 is the expected project start date. The end date of your last milestone activity will be the project end date. You can add up to 6 milestones.

|  |  |  |  |
| --- | --- | --- | --- |
| Milestone name | Description | Estimated start date | Estimated end date |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap to enter a date.* | *Click or tap to enter a date.* |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap to enter a date.* | *Click or tap to enter a date.* |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap to enter a date.* | *Click or tap to enter a date.* |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap to enter a date.* | *Click or tap to enter a date.* |
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**Project management**

Describe how the project will be managed from commencement to completion. Include the following information (where applicable):

* approvals in place or being sought
* how will goods and services be procured
* how will you ensure the project is delivered on time, on budget and to the required standards? For example, will you have a dedicated project manager?

*Click or tap here to enter text.*

**Risk management**

Identify risks to the project and how you intend to mitigate the risks. If you have multiple risks to identify, please include in your supporting documentation.

|  |  |
| --- | --- |
| Risk (title) | *Click or tap here to enter text.* |
| Description | *Click or tap here to enter text.* |
| Likelihood | *Select* |
| Consequence | *Select* |
| Risk Management Strategy | *Click or tap here to enter text.* |

**Assessment Criterion Three**

**Your capacity, capability and resources to carry out the project. (15 points)**

You should demonstrate this through identifying:

1. Your track record with similar projects and access to personnel with the right skills and experience; any support or investment that will be leveraged to progress your project.
2. The legal and financial status of the applicant including:
   * Your financial capacity to progress the project. This is particularly relevant where payments of funding are made in arrears.
   * The nature of financial policies and procedures, and the governance structure of your organisation
3. Your ability to maintain the project for the duration of the operational period (*1-5 years, depending on the level of grant funding*).

You should attach evidence to support your response.

Evidence should show your ability to cover any cost overruns and meet ongoing project obligations. This may include financial statements, cash books, bank statements.

*Click or tap here to enter Assessment criterion 3 response.*

**Maintaining project benefits**

You will be required to maintain the project benefits for the length of the operational period, which could be up to five years. Please detail below how you will achieve this. You should outline the operational needs of the project into the future and a strategy to maintain the viability of the completed project.

*Click or tap here to enter text.*

**Record of previous funding**

Include your grant history below (if applicable)

*Please avoid the use of acronyms when detailing your grant history to prevent any confusion. If you or your organisation encountered any difficulties in the delivery of these project/s, please provide further information.*

|  |  |  |  |
| --- | --- | --- | --- |
| Jurisdiction and managing Department name | Project name | Funding amount | Date of completion |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap to enter a date.* |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap to enter a date.* |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap to enter a date.* |

**Financial Status**

You should provide a detailed financial summary as an attachment. The below table provides a basic guide of what information should be included. This summary will assist you with providing clear evidence that you can easily manage payment in arrears and possible cost overruns.

|  |  |  |  |
| --- | --- | --- | --- |
| Table: Financial Statement Summary | | | |
| **Item** | **Year to date**  **Period ending:**  Select date | **FY 2021-2022** | **FY 2020-2021** |
| Operating income | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Total Expenses | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Net Income (profit/loss) | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Cash at Bank (all accounts) | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| **Statement of Financial Position [Balance Sheet] - only required for grant amounts over $100,000** | | | |
| Current Assets (cash, accounts receivable, inventory etc.) | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Fixed Assets (property and land, vehicles, equipment etc.) | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Current Liabilities (accounts payable, interest payable, accrued wages etc.) | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Long term liabilities (loans, equipment finance etc.) | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Net Assets | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |

##### APPLICATION FINALISATION

You must answer the following questions and note any supporting documentation to be included in your application.

**Indigenous organisation**

Is your organisation Indigenous owned?

*An organisation is considered Indigenous owned where at least 51% of the organisation’s members or proprietors are Indigenous.*

Yes

No

Is your organisation Indigenous controlled?

*An organisation is considered Indigenous controlled where at least 51% of the organisation’s board or management committee is Indigenous.*

Yes

No

**Conflict of interest**

Do you have any perceived or existing conflicts of interest to declare?

Yes

No

*Refer to sections 12.2 and 12.3 of the grant opportunity guidelines for further information on your conflict of interest responsibilities.*

*You will be required to sign a declaration at the end of the application form.*

Within the last five (5) years, has your Organisation been subject to an event such as a Government investigation, liquidation, litigation or significant change of financial position?

Yes

No

If **Yes**, please note which event(s) occurred and provide details below.

*Examples of significant change in financial position could also include the effects of COVID-19 or other* *natural disasters.*

*If* ***Yes****, click or tap here to note which event(s) occurred and provide details.*

##### SUPPORTING DOCUMENTATION

You must attach supporting documentation to your application in line with the instructions provided within this form. You should only attach requested documents listed in the form. We may not consider information in attachments that we do not request.

| **Applicant type** | **Document** |
| --- | --- |
| **Mandatory Documents** (must be submitted for your application to be eligible) | |
| Not for profit organisations | Evidence of your current not for profit status   * Current Australian Charities and Not for Profits Commission (ACNC) registration; or * Incorporated association certificate; or * Constitutional documents and/or Articles of Association that demonstrate the not for profit character of the organisation. |
| For incorporated trustees applying on behalf of a trust | Trust documents showing the relationship of the incorporated trustee to the trust. |
| All applicants | Where additional contributions are confirmed, evidence is required. This must:   * be on the co-contributor's letterhead, * be signed and dated by an authorised person, and * set out the value and timing of contributions and any conditions attached.   If additional contributions are not yet confirmed (i.e. sought), applicants must provide advice as to when confirmation is expected. |
| All applicants | Project Budget |
| **Supporting Documents** (evidence to support claims made against the assessment criteria for assessment) | |
| All applicants | Evidence supporting how the project will benefit the community. This could include, but is not limited to:   * Community Needs Assessment * Letters of support from community stakeholders * Economic modelling * Focus group * research   Audited financial statements or similar for the last two (2) years for projects with grant funding over $100,000  Business Plan and/or Feasibility Study  Evidence of third-party leasing arrangements (if applicable)  Project Designs  Cost estimates or contracted costs  Quotes |
| Grants > $1,000,000 | Project Management Plans, commensurate with stage of development of the project, which should include:   * Scope * Proposed Implementation methodology * Timeframes * Budget/Cost Estimates * Details of Regulatory Approvals * Procurement Plan * Risk Management Plan |

## Legal Authorisation

|  |  |  |
| --- | --- | --- |
| I | *Click or tap here to enter full name of Authorised Officer.* | <full name of Authorised Officer> |
| as | *Click or tap here to enter position/title.* | <position/title> |
| of | *Click or tap here to enter organisation name.* | <organisation name> |
|  | *Click or tap here to enter postal address.* | <postal address> |
|  | *Click or tap here to enter postal address.* |  |

confirm that:

I am a person authorised to make this declaration on behalf of my organisation and all relevant persons have made a full disclosure of information.

The information provided in this form and all appended documents is complete and correct. I understand that information provided in this Application Form will form the basis of the funding agreement and that giving false or misleading information is a serious offence.

The National Emergency Management Agency (the Agency) is authorised to undertake the necessary steps to assess the proposal from my organisation by checking the information provided in this proposal, or by obtaining additional information from:

* Departmental databases and records, including information related to previous funding provided to my organisation;
* Other Australian Government agencies such as the Australian Taxation Office and the Australian Securities and Investments Commission;
* State, Territory or Local Government agencies;
* Law enforcement agencies;
* Credit reference agencies;
* Courts or Tribunals; and
* Any other appropriate organisation, information source or person as reasonably required to perform background checks.

I agree that the agency may arrange for an Independent Viability Assessment (IVA) of my project by an external adviser or consultant to the agency. Where applicable, the agency may request a yearly breakdown of costs for on-going operational and maintenance of the complete project for a minimum of five (5) years.

To the best of my knowledge, I have disclosed (at the Declaration of Conflict of Interest) all actual, apparent or potential conflicts of interest that would prevent my organisation from proceeding with the proposal outlined in this Application Form or from entering into a Funding Agreement with the Australian Government to deliver a project which relates to this Application Form.



## Declaration of Conflict of Interest

Please complete either Part I or Part II of the Declaration of Conflict of Interest

#### Part I – No Known Conflict

I confirm that at the time of signing, to the best of my knowledge I am unaware of any actual, apparent or potential conflicts of interest that would prevent my organisation from proceeding with the proposal outlined in this Application Form or from entering into a Funding Agreement with the Australian Government to deliver a project which relates to this Application Form.

I undertake that if at any time I become aware that I, or any other employees or persons associated with the **<insert name of applicant organisation>** have an actual, apparent or potential conflict of interest, then I will:

* + 1. immediately notify the National Emergency Management Agency in writing of that Conflict and of the steps the **<insert name of applicant organisation>** propose to take to resolve or otherwise deal with the Conflict;
    2. make full disclosure to the National Emergency Management Agency of all relevant information relating to the Conflict; and
    3. take such steps as the National Emergency Management Agency may, if they choose to, reasonably require to resolve or otherwise deal with that Conflict.

I understand that if I fail to notify the agency of any actual, apparent or potential conflicts of interest or am unable or unwilling to resolve or deal with the Conflict as required by the terms noted above, the National Emergency Management Agency may seek to terminate any Funding Agreement established in relation to a project which relates to this Application Form.



|  |
| --- |
| *Click or tap here to enter text.* |
| (printed name) |
|  |
| *Click or tap here to enter text.* |
| (printed name of witness) |
|  |

## Part II - Disclosure of Interests

I disclose the following interests:

*Click or tap here to enter text.*

I undertake that if at any time I have an actual, apparent or potential conflict of interest, then I will:

1. immediately notify the National Emergency Management Agency in writing of that Conflict and of the steps the **<insert name of applicant organisation>** propose to take to resolve or otherwise deal with the Conflict;
2. make full disclosure to National Emergency Management Agency of all relevant information relating to the Conflict; and
3. take such steps as the National Emergency Management Agency may, if they choose to, reasonably require to resolve or otherwise deal with that Conflict.

I understand that if I fail to notify the National Emergency Management Agency of any actual, apparent or potential conflicts of interest or am unable or unwilling to resolve or deal with the Conflict as required by the terms noted above, the National Emergency Management Agency may seek to terminate any Funding Agreement established in relation to a project which relates to this Application Form.

|  |
| --- |
|  |
| |  | | --- | | *Click or tap here to enter text.* | | (printed name) | |  | | *Click or tap here to enter text.* | | (printed name of witness) | |

Any information disclosed in this form will only be used by the Australian Government for the purposes of assessing Disaster Relief proposals and will be maintained in accordance with the Privacy Act 1988.

## Statement of Compliance

I, ***<name>, <Title>, <organisation>***, make the following statement for the benefit of the National Emergency Management Agency:

Having made diligent inquiries, I have reasonable grounds to believe the organisation itself, and staff working with children on behalf of my organisation in relation to the National Emergency Management Agency, grant activity:

* comply with relevant legislation relating to requirements for working with children in the jurisdiction in which they work; and
* have complied with relevant legislation in their jurisdictions relating to mandatory reporting or suspected child abuse and neglect as required or otherwise defined by state or territory legislation.

I undertake to ensure that all staff will continue to comply for the duration of any grant agreement ***<organisation>*** hold with the National Emergency Management Agency.



## Application Declaration

In order to submit your application, you will be required to agree to the following declaration.

### Privacy and confidentiality provisions

I acknowledge that this is an Australian Government program and that the National Emergency Management Agency (the Agency) will use the information I provide in accordance with the following:

* [Australian Government Public Data Policy Statement](https://www.finance.gov.au/government/public-data/public-data-resources/public-data-policy-resources)
* [Commonwealth Grants Rules and Guidelines](https://www.finance.gov.au/government/commonwealth-grants/commonwealth-grants-rules-and-guidelines)
* [Protecting Our Communities (Disaster Resilience) Guidelines](https://www.grants.gov.au/Go/Show?GoUuid=b9944f79-c8ec-49bd-b4fc-24957b8cf4a5)
* applicable Australian laws

Accordingly, I understand that the agency may share my personal information provided in this application within this agency and other government agencies:

1. for purposes directly related to administering the program, including governance, research and the distribution of funds to successful applicants
2. to facilitate research, assessment, monitoring and analysis of other programs and activities

unless otherwise prohibited by law.

I understand that where I am successful in obtaining a grant, the financial information that I provide for the purposes of payment will be accessible to agency staff to enable payments to be made through the agency’s accounts payable software system.

I understand that information that is deemed ‘confidential’ in accordance with the grant opportunity guidelines may also be shared for a relevant Commonwealth purpose.

The agency will publish information on individual grants in the public domain, including on the agency’s website, unless otherwise prohibited by law.

Applicant declaration

I declare that I have read and understood the Protecting Our Communities (Disaster Resilience) Guidelines, including the privacy, confidentiality and disclosure provisions.

I declare that the proposed project outlined in this application and any associated expenditure has been endorsed by the applicant’s board/ management committee or person with authority to commit the applicant to this project.

I declare that the applicant will comply with, and require that its subcontractors and independent contractors comply with, all applicable laws.

I declare that the information contained in this application together with any statement provided is, to the best of my knowledge, accurate, complete and not misleading and that I understand that giving of false or misleading information is a serious offence under the Criminal Code Act 1995 (Cth).

I acknowledge that I may be requested to provide further clarification or documentation to verify the information supplied in this form and that the agency may, during the application process, consult with other government agencies, including state and territory government agencies, about the applicant’s claims and may also engage external technical or financial advisors to advise on information provided in the application.

I agree to participate in the periodic evaluation of the services undertaken by the agency.

I approve the information in this application being communicated to the agency in electronic form.

I acknowledge that if the agency is satisfied that any statement made in an application is incorrect, incomplete, and false or misleading the agency may, at its absolute discretion, take appropriate action. I note such action may include excluding an application from further consideration; withdrawing an offer of funding; using the information contained in the application for a fraud investigation that would be consistent with the Australian Government’s Investigations Standards and Commonwealth Fraud Control Framework and/or for a grant under management, terminating a grant agreement between the Commonwealth and the grantee including recovering funds already paid.

I declare that I am authorised to submit this form on behalf of the applicant and acknowledge that this is the equivalent of signing this application.



|  |
| --- |
| *Click or tap here to enter text.* |
| (printed name) |

APPLICATION CHECKLIST

Please tick all points that apply to your application and ensure any attachments you plan to submit are listed below.

All eligibility questions answered on pages 2 and 3

All mandatory attachments included for application submission (refer to pages 17 and 18)

All declarations have been signed on pages 19 to 23

**Supporting documents included for application submission:**

Evidence supporting how the project will benefit the community

Audited financial statements or similar for the last two (2) years for projects with grant funding over $100,000

Business Plan and/or Feasibility Study

Evidence of third-party leasing arrangements (if applicable)

Designs

Cost estimates or contracted costs

Quotes

Project Management Plans (if applicable)

Other – if selected, please list below