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Injury Prevention and Management Foundation (Foundation)

Funding Application – 2019-20

All sections of this form must be completed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Applicant (Organisation/Group/Individual):** Click here to enter text. | | | |
| **Postal Address:** Click here to enter text. | | | |
| **Contact Name:** Click here to enter text. | | | |
| **Phone:** Click here to enter text. | | | |
| **Email:** Click here to enter text. | | | |
| **ABN:** Click here to enter text. | | | |
| **Current Sources of Income or Funding:** Click here to enter text. | | | |
|  | | | |
| **Project Title:** Click here to enter text. | | | |
| **Funding Requested:** Click here to enter text. **(exclusive of GST)** | | | |
| **High Value Project\*** | **Yes No** | **Complex Project\*\*** | **Yes No** |
| **Project Duration** | Click here to enter text. | | |
| **Commencement Date:** | Click here to enter a date. | **Completion Date:** | Click here to enter a date. |

\*High Value Project – projects over $50,000 exclusive of GST,

\*\* Complex Project – projects involving scientific, medical and/or market research.

**Executive Summary:**

Brief outline of the aim of the project.

Click here to enter text.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **MAIB Priority Area Addressed** | | | | | | | |
|  | Promotion and advancement of road safety. | | | | | | |
|  | Reduction in the frequency and severity of injuries resulting from motor accidents. | | | | | | |
|  | Improved access to quality medical, rehabilitation and long-term care services for those injured in motor accidents. | | | | | | |
|  | Development of new techniques and approaches to improve the quality management of injuries and long-term outcomes for those injured in motor accidents. | | | | | | |
| **Area to be covered** | | | | | | | |
|  | National | | |  | State wide | | |
|  | Regional |  | Southern |  | Northern |  | North West Coast |
| **Focus of the Project** | | | | | | | |
| *Service Development* | | | | | | | |
|  | Resource Acquisition |  | Policy Development | | |  | Improved Service Delivery |
| *Education* | | | | | | | |
|  | Raising Awareness |  | Skill Development | | |  | Changing Behaviour |
| *Research* | | | | | | | |
| Please note that no funding will be transferred to research projects until written evidence of appropriate ethics approval has been received by the researcher for the research project. | | | | | | | |

**Project Team**

|  |  |  |
| --- | --- | --- |
| **Project Manager (include experience in this area):**  Click here to enter text. | | |
| **Team Members** | **Organisation** | **Participation Hours (Per Week)** |
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**Project Outline:**

Give a detailed description of the project. What will be the outcome/s of the project and when will it be achieved by? What benefit will the project provide to the MAIB and/or MAIB claimants?

Click here to enter text.

**Rationale:**

Why is this project needed?

Are there other like projects existing in Tasmania? How does your project differ from other like projects?

Click here to enter text.

**Objectives:**

What are the objectives and how will these objectives be achieved?

Click here to enter text.

**Estimated Costs:** (what are the expected costs of the project?)

Please attach additional page/s if insufficient space available.

**The funding amount is exclusive of GST.**

**If the purchase of equipment is required please include quotes (at least two if over $5,000) with your application as well as details of the item to be purchased.**

|  |  |  |
| --- | --- | --- |
| **Item** | **Project Costs**  **$** | **In-kind or funding from other sources**  **$** |
| **Salary including On-costs (Award / Level, Hours / Week)** | | |
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| **Operational Costs** | | |
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| Total | **$** | $ |
| **Total Funding Requested** | **$** |  |
| Total Budget ( Project Costs plus In-kind Support) **$** | | |

**In-kind Support:**

(Human, financial and resources contributing to the project without cost to the MAIB).

Click here to enter text.

**Details of funding obtained or sought from other sources:**

Click here to enter text.

**Cost Justification:**

Why are the costs essential to the achievement of the project’s objectives?

Click here to enter text.

**Sustainability:**

How will the outcome/s be continued after the funding period?

Click here to enter text.

**Collaboration:**

What partners/stakeholders will be involved throughout the project and how will they be involved?

Click here to enter text.

**Risk Management:**

(Projects of high value and/or complex in nature will need to fully address all points in this section.)

* Have the risks involved with the project been identified?
* Has an assessment of the likelihood and consequences of the risks been done, if so please include a copy of the assessment?
* Have strategies been developed to pre-empt and mitigate the occurrence of a risk?
* Who is responsible for managing risk?
* How are new risks going to be identified as they emerge?

Click here to enter text.

**Evaluation:**

How will progress toward the achievement of the objective/s be measured throughout the project?

Click here to enter text.

How will achievement of the objective/s be identified?

Click here to enter text.

**Communication:**

How will the outcomes and the knowledge gained from the project be communicated to others?

Click here to enter text.

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**Signature of Authorising Officer**

Click here to enter text.

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**Position**

Click here to enter text.

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**Name**

Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

I am duly authorised on behalf of my organisation to submit this application.