

AWARE2324 Application Form

Form Preview

All West Australians Reducing Emergencies (AWARE) 2023-24 APPLICATION FORM

* indicates a required field

Eligibility Check

Applicants must meet all the requirements below to be considered eligible for AWARE grant program funding.

My organisation *

- Will comply with the terms in the funding agreement
- Is compliant with AWARE, National Disaster Risk Reduction (NDRR), and Natural Disaster Resilience Program (NDRP) grants (i.e. has no current non-compliant grant projects)
- Is a local government within Western Australia
- Has the capacity to deliver this project

My project *

- Has realistic and credible outcomes, outputs, timeframes, milestones and budget
- The funds will not be used for a capital or asset purchase, or an upgrade or maintenance
- Delivers community outcomes and does not provide a commercial advantage
- The project will commence prior to 30 September 2024 and only after signing the Funding Agreement

My application *

- Is endorsed by the Chief Executive Officer (or equivalent) and Chief Financial Officer (or equivalent)
- Requests funding between \$2,500 and \$35,000 (local level risk assessment maximum \$6,000) - no GST applied
- Contributes at least 25% of the project's total costs in cash or in-kind contributions

Contact Information

* indicates a required field

Name of the Applicant *

Organisation Name

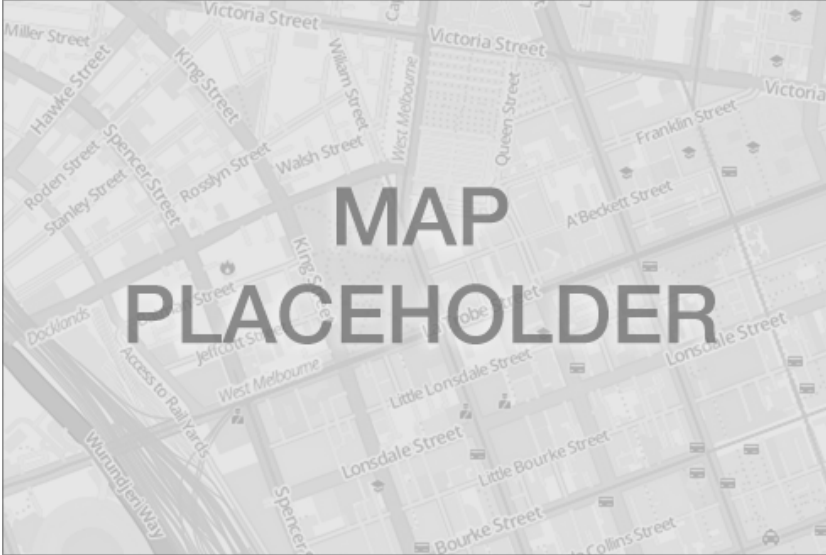
Name of the organisation applying for the grant.

Applicant Office Address *

Address

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Applicant Office Phone Number *

Applicant Office Email *

Must be an email address.

Project Manager *

Title First Name Last Name

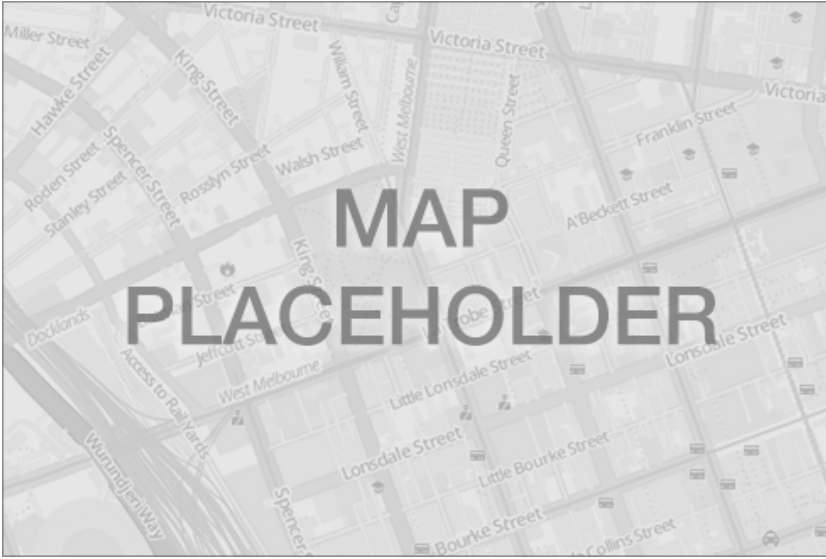
Position *

Primary Address *

Address

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Primary Email *

Must be an email address.

Office Phone Number *

Alternate Project Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position *

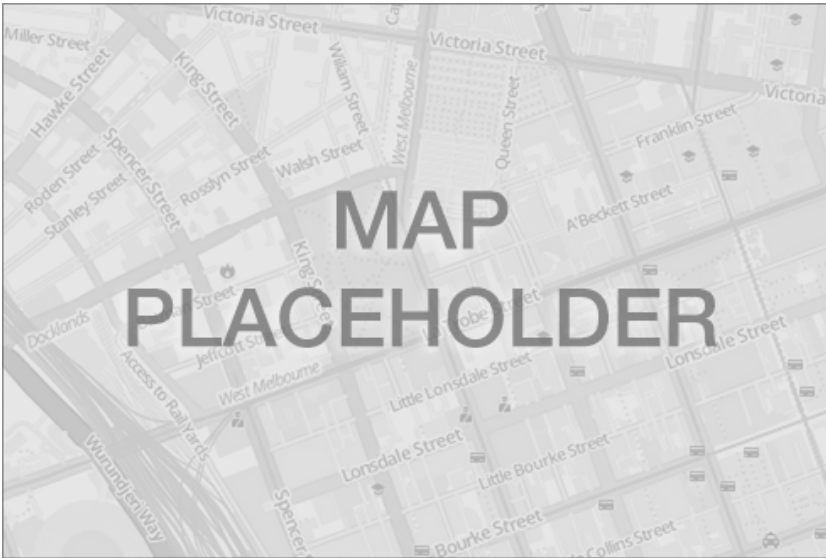
Office Address *

Address

<input type="text"/>
<input type="text"/>

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Office Phone Number *

Office Email *

Must be an email address.

Project Information

Project Title *

Start Date *

Must be a date and between 1/11/2023 and 30/9/2024.

The project can only commence after the execution of the funding agreement by both parties. The Project must commence prior to 30 September 2024

End Date *

Must be a date.

Short project description *

Word count:

Must be no more than 250 words.

Provide a short description of the project

Which category does your project align with (please select all that apply): *

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- Furthering the emergency risk management process
- Facilitating capability-based exercises
- Assistance in reviewing Local Emergency Management Arrangements (LEMA)
- Delivering emergency management training
- Hosting or facilitating emergency management events or forums

Refer the AWARE2324 Guidelines for more information on eligible activities

Application Assessment

* indicates a required field

Assessment Criteria

Applications that meet the Eligibility Criteria will be further assessed using a pre-determined selection criteria which attributes a consistent quantitative analysis to each applicant, allowing a determination of most to least preferred.

All questions in the application contribute to the assessment of the selection criteria. The selection criteria will be applied once the preliminary review has been undertaken and core eligibility components have been deemed to have been met. Assessment of the selection criteria is weighted. Selection criteria are grouped into the following categories:

Assessment Categories

Score

Validity of the project

20

Benefit of the project

20

Value of the project

20

Project Deliverables Achievability

20

Capacity to Deliver the project

20

Validity of the Project: Score: 20

1. Capacity or Preparedness - explain how your project will enhance emergency management capacity or preparedness at a local or district level? *

Word count:

Must be no more than 500 words.

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Benefit of the Project: Score: 20

This criterion addresses how the project will benefit the WA community. It also considers the benefits to the State and how they will be sustained after the project concludes.

2. What areas of the State will your project benefit? *

- | | | |
|---|---|---|
| <input type="checkbox"/> Kimberley | <input type="checkbox"/> Great Southern | <input type="checkbox"/> South Metropolitan |
| <input type="checkbox"/> Wheatbelt | <input type="checkbox"/> East Metropolitan | <input type="checkbox"/> Goldfields - Esperance |
| <input type="checkbox"/> Central Metropolitan | <input type="checkbox"/> Midwest - Gascoyne | <input type="checkbox"/> North Metropolitan |
| <input type="checkbox"/> Pilbara | <input type="checkbox"/> South West | |

At least 1 choice must be selected.

3. What are the project's benefits to the WA Community and how will they be sustained once grant funding ceases? *

Word count:

Must be no more than 500 words.

Value of the Project: Score: 20

This criterion considers the impact of the project in relation to its cost. This includes an assessment of the feasibility of conducting the planned activities within the described budget and timeframes.

AWARE Funding Amount Requested *

Must be a whole dollar amount (no cents) and between 2500 and 35000.

AWARE sum (No GST) requested cannot be more than 75% of total project budget cost

Total Co-contribution *

Must be a dollar amount.

Total cash and in-kind combined (No GST)

Total Project Cost

\$

This number/amount is calculated.

No GST

Budget

The Grantee agrees

- to provide the following cash or in-kind contribution to the budget.
- to use the Grant (and any Other Contributions - cash or in-kind) to undertake the Activity consistent with the following budget.

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Description (include all expenditure e.g. labour, consultancy fees, etc)	Agency/ Organisation (Include all project partners)	Funding Source	Amount (No GST)
(include all expenditure e.g. labour, consultancy fees, etc) Must be no more than 500 characters.	Name of project partners contributing to the project	AWARE, Cash, Inkind	Must be a whole dollar amount (no cents).
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Project Deliverables Achievability: Score: 20

This criterion assesses if the project deliverables are clear, appropriate and realistic. This includes the relationship between outputs and outcomes and the achievability of achieving both.

Key Performance Indicators

Key Performance Indicators (KPIs) are specific, actionable and realistic benchmarks used to evaluate progress against a particular outcome (both tangible and intangible actions or products the project will deliver) over time.

Evaluation Criteria is the method used to measure the success of each KPI.

Key Performance Indicators	Evaluation Criteria

Milestones

List the milestones of your project (Consider your KPIs when setting the key milestones that will be demonstrating your project progress).

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Milestones	Date of Completion
	Must be a date.

Capacity to Deliver the Project: Score: 20

This criterion considers whether the organisation is positioned to deliver the project and achieve the proposed outcomes including sufficient and suitable staff allocation to manage, support and deliver the project.

Provide a summary of skills and experience of the key personnel working on your project.

Name and Role	Organisation	Relevant Skills and Experience
	Organisation Name	
	Organisation Name	
	Organisation Name	
	Organisation Name	
	Organisation Name	
	Organisation Name	
	Organisation Name	
	Organisation Name	

Declaration

I declare that the information included in this application is correct to the best of my knowledge.

I declare that my organisation and project meet all eligibility requirements.

I declare that I have read and understood the AWARE 2023-24 Grant Program Guidelines and the terms and conditions in the Sample Funding Agreement.

I declare that I am authorised to submit this application on behalf of my organisation, and I will be required to enter into a contractual agreement with the WA Department of Fire and Emergency Services if I am successful.

I declare that this application has endorsement from **both** the Chief Executive Officer (or equivalent) and the Chief Financial Officer (or equivalent).

Chief Executive Officer (or equivalent) *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Organisation *

Phone Number *

Date *

Must be a date.

Email *

Must be an email address.

I endorse the above application *

Yes

No

Chief Finance Officer (or equivalent) *

Title First Name Last Name

Organisation *

Phone Number *

Email *

Must be an email address.

Date *

Must be a date.

I endorse the above application *

Yes

No

Attachments (upto 25 MB)

Attachment 1

Attach a file:

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Attachment 2

Attach a file:

Attachment 3

Attach a file:

Attachment 4

Attach a file: