Regina Brindle Foundation

2023 Grant Application Form

*The deadline for applications is the 7th February 2023.

Background and Criteria

The Regina Brindle Foundation aims to honour the significant contributions that Regina Brindle made to the promotion of voices of service users in the alcohol and other drug (AOD) and mental health (MH) sectors, and to establishing practices that support their participation in civil society.

The Regina Brindle Foundation awards a total of \$5,000 annually to individuals or small groups, who are past or present service users of AOD and/or MH services or have lived or living experience of AOD and/or MH issues. Family members and carers of services users, and / or people with lived or living experience are also eligible to apply.

The amount of \$5,000 may be awarded as one grant or as several smaller grants, depending on the Regina Brindle Foundation Committee's assessment of submitted applications.

Regina Brindle Foundation grants will be awarded to projects that aim to do any of the following:

- Promote the consumer voice
- Promote community engagement and inclusion
- Promote human rights
- ❖ Promote overcoming of the barriers for AOD and/or MH consumers
- Reduce stigma
- Reduce disadvantage

The applicant or applicants must be over 18 years of age and reside in Victoria, Australia, for a minimum of 12 months.

SECTION 1: About the Applicant

This application is sub	omitted by:
☐ An individual appli	cant
☐ A group of individu	uals
•	of the applicant below. If the application is submitted by a group of etails of the group representative:
Full name:	
Residential address:	(street)
	(suburb and postcode)
Postal address:	(street)
	(suburb and postcode)
Email:	
Telephone:	
The applicant is (tick a	all that apply):
☐ Alcohol and (Other Drug service user (past or present)
□ Mental Healt	ch service user (past or present)
☐ Lived or living	g experience of AOD issues
☐ Lived or living	g experience of MH issues
□ Family memb	per/Carer of AOD service user or person with lived / living experience of AOD issues
□ Family memb	per/Carer of MH service user or a person with lived / living experience of MH issues
References (please lis	t a minimum of two character references):
Reference 1	
Name:	
Organisation (if applic	able):
Email:	
Telephone number:	
Reference 2	
Name:	
Organisation (if applic	able):
Email:	
Telephone number:	

Project Title & Summary

(Provide a title & summary of the project for which you are seeking funding - 100 words max.):

1. Project title:

2. Project summary:

Has the project commenced?

Yes

No

Project start date:

Project end date:

3. Project Goal/s

(**list up to 3 Regina Brindle Foundation goals listed in the Criteria):

Project Description (500 words max.)

(Describe how the project will achieve the goals you listed in Question 3. Include any relevant details about locations, resources and planning required):		

How will t	the project benefit the community? (100 words max.)
Has anv ri	isk been identified in relation to the project?
	Yes
	No
_	yes, please provide a brief description of the plan to mitigate the risk:

Declarations

Has the project received any previous funding?
□ Yes
□ No
If yes, please provide the amount of funding received:
s the project supported by any organisation?
□ Yes
□ No
If yes, please provide details of the organisation:
Name of Organisation:
Contact person:
Email:
Telephone number:
f successful, would you be willing to provide documentation of your project, including feedback from your audience or participants, that could be used by Self Help Addiction Resource Centre (SHARC) to promote the work of the Regina Brindle Foundation?
□ Yes
□ No
f successful, would you be willing to give permission for Self Help Addiction Resource Centre (SHARC) to cite your work in our publications?
□ Yes
□ No

Funding Request

The Regina Brindle Foundation provides funding up to \$5,000. Please provide details about the amount you wish to receive. Amount of funding you are applying for:_____ Which expenses will this funding cover? Please provide an approximate amount for each expense:

Payment details

The grant recipients will be decided by the Regina Brindle Foundation Committee. Once the decision has been made, each applicant will be notified via email or letter.

Successful applicants will receive a Statement by a Supplier form.

*For grant payments to be made, applicants must sign and return this form.

The awarded grant amo nominated below.	unt will be deposited via electronic transfer into the bank account
Account name:	
Bank name:	
Account number:	
BSB:	

Privacy and Certification

Signod.

The Regina Brindle Foundation Committee will use any personal information provided for the purpose of processing your grant application and for remaining in contact with you. All information in this application will be provided to each member of the Regina Brindle Foundation Committee in order to assist them in processing your grant application.

By submitting this application you consent to the Regina Brindle Foundation publishing your name, project description and the awarded amount in our public communications. This information may also be used for promoting the Regina Brindle Foundation grant program.

By submitting this application, the applicant agrees that:

- All information and statements provided in this application are true
- They have been a resident of Victoria for at least 12 months at the time of application
- Regina Brindle Foundation does not accept any liability or responsibility for the project
- If successful, the applicant will provide a report on the project to the Regina Brindle Foundation after 10 months

signeu.	
	(the applicant)
Date:	
The application	needs to be submitted by <u>7 February 2023</u> :
via email to Reg	inaBrindleFoundation@gmail.com
or	
via mail to Regir	na Brindle Foundation c/o SHARC - 140 Grange Road, Carnegie VIC 3163

Should you require any additional information support please contact Louise Goebel at lgoebel@sharc.org.au or on 03 95731776.