**Developing Resilient Communities Project Small Grants**

*Part of the* *LCSA* *Trauma-Informed Community Development Training Program (TICDTP)*

**Expression of Interest Application Form**

| Opening date: | Tuesday,16 November 2021 |
| --- | --- |
| Closing date and time: | 4.00pm on Monday 20 December 2021 |
| Successful Applicants notification | 31 January 2022 |
| Enquiries: | Email: bronwyn@lcsansw.org.au |

**Organisation Details**

**Organisation**

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| **Name of Organisation:** |  |
| **Postal Address:** |  |
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**Contact Details**

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| **Name:** |  |
| **Position in the Organisation:** |  |
| **Email Address:** |  |
| **Contact Phone number:** |  |

**In which DCJ District will your project be delivered?**

* Hunter and Central Coast
* Illawarra Shoalhaven and Southern NSW
* Mid North Coast, New England and Northern NSW
* Murrumbidgee, Far West and Western NSW
* South Western Sydney
* Sydney, South Eastern Sydney and Northern Sydney
* Western Sydney and Nepean Blue Mountains

**Project Overview**

Please provide an outline of the proposed project including the area of disaster resilience your organisations will be addressing, the development of the project, community engagement approach, benefits of the project and evaluation

1. **Disaster Resilience Area**

Which area of resilience will your project be addressing? Please tick/highlight the most relevant one/s:

* COVID 19
* Bushfire
* Floods
* Droughts
* Inter-generational trauma
* Refugees and Asylum Seekers
* Community trauma e.g., murder, rape, riots/violent protests
* Suicide circle
* Poverty
* Homelessness
* General
* Multiple (please indicate)

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* Other (please indicate)

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1. **Resilience Project Outline**

Please outline how the grant will support preparedness and/ or contribute to essential community-led solutions that support local resilience and community wellbeing. Areas to address include:

* Project objectives and activities
* How it will be support local resilience
* Benefits to the community
* Community engagement approaches
* Evaluation

Please provide no more than a one-page outline.

Please attach a separate sheet with the project outline.

1. **Community Wellbeing Outcomes and Indicators**

Outcomes for the small grants will be based on the four areas highlighted in the TEI Community Strengthening Pilot Survey.

Please tick/highlight the two community wellbeing outcomes that will be addressed in the project

* Sense of belonging
* Community Participation
* Trust in the community
* Access to services and resources
1. **Measures**

Please identify two measures – one for each community wellbeing outcome that you will report on.

As an example, a measure could be the number of people attending a community conversation and the difference it made or it could be the number of online webinars that are held. If you require assistance in developing outcomes measures, please contact LCSA.

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**Monitoring:**

LCSA will make informal contact with successful organisations over the duration of the grant period. This will be either by phone or in person or through a networking event.

A workshop will be held in March 2022 with the aim of developing a community of practice.

No written reports will be required until the project is complete.

Please see reporting notes.

**Reporting:**

Successful recipients will be asked to provide a report about their initiative including:

* What activities your organisation did, number of people or other community organisations that were involved?
* The two community wellbeing outcomes identified and how these were achieved based on the two indicators your organisation identified (one per outcome)
* How the initiative will or has improved outcomes for your community?
* How you will take what you have developed and incorporate in the longer term?
* How the funds were spent?

**Declaration:**

* I have read and agree to the requirements as set out in the Guidelines.
* I have read and agree to the reporting and monitoring requirements.
* I acknowledge that this is a one-off grant and that additional funding will not be provided.
* I acknowledge that, if successful, the outcome of this project will be part of the LCSA’s Trauma-Informed Community Development Training Program (TICDTP) as funded through the Social Sector Transformation Fund. As a result, details about the project may be used by the NSW Department of Communities and Justice and NSW Health for evaluation and promotional purposes.
* I declare that I have the appropriate authority to submit this application on behalf of my organisation.

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| **Name:** |  |
| **Signature** |  |
| **Position in the organisation:** |  |
| **Date:** |  |