



Stolen Generations Collective Healing Grants 2023 Funding Application

Organisation Details

| | | |
|---|--|----------|
| Organisation Name | | |
| Organisation ABN | | |
| Key Contact | | Position |
| Phone number | | |
| Email address | | |
| Physical Address | | |
| Postal Address | | |
| Legal Entity | | |
| Brief overview of your organisation (Please note: this bio may be used in The Healing Foundation reports and on our website) | | |

Project Details

| | |
|---------------------|--|
| Project title | |
| Project summary | |
| Project location | |
| Proposed start date | |
| Proposed end date | |

Project Outcomes

| | |
|--|--|
| How many Stolen Generations survivors and descendants will be involved in the project? | |
| What would you like to achieve through this project? | |
| What outcomes are you seeking to achieve through the project? | |
| How will you know your project has been successful? What evidence can you draw on to demonstrate you have met your goals? ** | |
| How will you support Stolen Generations survivors to participate safely? | |

**The Healing Foundation can work with successful applicants to assist in the development of evaluation tools to suit the project and expected/types of outcomes.



Project Deliverables

| Key Activities | Outputs | Timeframes | Expected Participant Numbers |
|----------------|---------|------------|------------------------------|
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Risk Management and Safety Plan

| Risk/Safety Concern | How will the risk/safety concern be managed? |
|---------------------|--|
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| | |

Budget

| Item/s | Budgeted Amount |
|--------------|-----------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| TOTAL | \$ |



Other Information Required

| | Yes | No |
|---|-----|----|
| Have you reviewed the checklist to ensure your organisation and your project meet the eligibility criteria? | | |
| Do you have any outstanding funding acquittals with The Healing Foundation? <small>*note your organisation will not be eligible for any further funding until all outstanding funding is acquitted</small> | | |
| Do you hold the appropriate levels of insurance? <ul style="list-style-type: none"> Public Liability insurance To comply with any Federal or State regulations in regards to employment (if applicable) | | |
| If successful, do you give permission for The Healing Foundation to promote your project through our various media channels, including but not limited to website, social media and media releases? | | |

Contact Details

If you have any issues in completing the Funding Application, please contact The Healing Foundation.,

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|----------------------------|--|
| Healing Foundation Contact | Royden Fagan Senior Manager Engagement and Delivery |
| Phone number | 0447 108 086 or (02) 6272 7500 |
| Email address | funding@healingfoundation.org.au |

