

Expression of Interest

Thank you for considering nib foundation's Health Smart Grants program. Please be sure to read the Health Smart Grants guidelines carefully to ensure your organisation is eligible and the project you plan to put forward is well aligned with the grant criteria.

We have a two-stage application process. This EOI stage aims to give us an overall understanding of your project concept, while minimising the workload for our applicants. Please aim to be clear and concise within the word limit provided. Words above the limit may not be visible upon submission.

Applicants invited to progress to the second stage will have the opportunity to submit a more detailed application.

To submit this EOI, please visit the Apply page at nib.com.au/foundation fill out your contact details on the online submission form and upload your completed PDF EOI form between 1 - 30 June 2021.

Eligibility checklist

AUSTRALIA

Is your organisation a Deductible Gift Recipient (DGR) charity? YES NO

Is your organisation a Tax Concession Charity (TCC)? YES NO

NEW ZEALAND

Does your organisation hold a current registration with Charities Services YES NO

Does your organisation hold a current, registered New Zealand Business Number YES NO

Applicant details

Registered name of the organisation

Business number (ABN or NZBN)

Organisation revenue per annum

Name of contact person

Position

Phone

Mobile

Email

Briefly tell us your organisation's purpose and core activities.

Provide links to your organisation's most used online channels, that best showcase your work.

(Consider: Website, Facebook, Twitter, Instagram, CEO LinkedIn account)

Project details

Summarise the project you are seeking funding for in one sentence.

Will the project require co-funding? YES NO

If yes, provide the estimated value and source of the funding

Preferred project duration

Is the project new or existing?

NEW EXISTING

Beneficiaries

How many people do you expect to directly benefit from this project?

Who will the beneficiaries be?

Where will the project participants be located?

Which identified risk and protective factors does the project respond to?

See the grant guidelines for our targeted risk and protective factors.

What outcomes do you anticipate this project will achieve for the beneficiaries?

See the grant guidelines for descriptors of each outcome category. (Select the three most applicable options)

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|--------------------------|-----------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Awareness & knowledge | <input type="checkbox"/> | Access & connection |
| <input type="checkbox"/> | Skills & action | <input type="checkbox"/> | Risk & protective factors |
| <input type="checkbox"/> | Attitudes & beliefs | | |

Please tell us more about the project, including:

- What it is and what it will do.
- Why it is needed.
- How it will affect positive behaviour change and build health literacy. 400 words max