Cancer Council NSW
Regional Cancer Grant Program

North West Region

2012-2013 Application Form

How to Apply checklist

☐ Read the ‘Application Guide’ before commencing your application
☐ Complete all sections of the application form
☐ Type or print information neatly (an electronic copy can be sent if required)
☐ Make a photocopy of the application for your records

☐ Attach the following documents relevant to your application:
  - A copy of your Auspicing organisation – where applicable refer Question 2
  - A copy of your Australia Business Number (ABN) – refer Question 3; or
  - Form A – ‘Statement by a Supplier – Reason for not quoting an ABN
  - A copy of your GST Registration Certificate – where applicable – refer Question 3
  - Form B – Tax Invoice
  - Other supporting documents as required - ie written quote from one or more suppliers.

☐ Send your completed application and all attachments to:

    Shaen Fraser, Regional Program Coordinator
    Cancer Council, North West Region
    PO Box 1616
    1/218 Peel Street,
    TAMWORTH NSW  2340
    EMAIL: shaenf@nswcc.org.au
    Ph:  02 6763 0904   Fax: 02 6766 7053

Closing Date:  26 October 2012
## Cancer Council NSW Regional Cancer Grant Program

### Application Form

#### Section 1 - Applicant’s details

<table>
<thead>
<tr>
<th>1. Name and Postal Address of Organisation:</th>
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<table>
<thead>
<tr>
<th>2. Is the organisation “Incorporated” or under the auspice of an Incorporated organisation?</th>
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</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

Please provide details of the auspicing organisation (organisation’s name, phone, address, contact person & position)

<table>
<thead>
<tr>
<th>3. Does your organisation have an Australian Business Number (ABN)?</th>
</tr>
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<tbody>
<tr>
<td>☐ Yes, the number is ..................................................</td>
</tr>
<tr>
<td>☐ No</td>
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</table>

Is the organisation registered for GST?

| ☐ Yes (please attach copy of your ‘GST Registration) |
| ☐ No                                                 |

<table>
<thead>
<tr>
<th>4. Main contact person</th>
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<tr>
<td>Name:</td>
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<tr>
<td>Position:</td>
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<tr>
<td>Address (if different to above):</td>
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<tr>
<td>Telephone:</td>
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<tr>
<td>Fax:</td>
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<tr>
<td>E-mail:</td>
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</tbody>
</table>
5. Other contact person

Name: [ ]
Position: [ ]
Address (if different to above): [ ]

Telephone: [ ]
Fax: [ ]
E-mail: [ ]

6. Outline of Your Organisation’s Activities


7. From what Sources does your Organisation currently receive funding?


8. Will your organisation be seeking funding from other sources for this project?

   - [ ] Yes
   - [ ] No

   If ‘Yes’:

   From whom?

   Has this funding already been approved?
Section 2 – Proposed Project Details

1. Project Name: _____________________________________________________

2. Project summary

3. Which of the following areas of Cancer Council Vision does your project fit into? (please tick one or more areas)
   - [ ] To drive major advances in research ensuring no cancer is ignored
   - [ ] To ensure the NSW community acts to prevent cancer and/or detect it at a curable stage
   - [ ] To give the NSW community a voice on issues and entitlements around cancer
   - [ ] To ensure no one faces a cancer diagnosis alone

4. Aim – What do you hope to achieve?

5. Target Group – Who will benefit?
6. What evidence is there that your activity will meet a local need?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. How do you know there is community support for your project?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Describe how your organisation will implement this program
   (eg strategies, resources, skills, working in partnership with CCNSW or another org)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
9. Budget - How do you propose to spend the funding?  
(Please be specific and attach any quoted or other supporting material)

<table>
<thead>
<tr>
<th>Item</th>
<th>Funding provider (eg your Organisation, Cancer Council, another organisation)</th>
<th>Cost</th>
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<td></td>
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<tr>
<td>Total</td>
<td></td>
<td>$</td>
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10. How will you ensure that the community and/or your target group know about your project?

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11. How will you promote the receipt of funds from Cancer Council NSW for your project?

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2012-2013 Cancer Council NSW Cancer Grant Program Application Form
Section 3 - Conditions of funding

If your application is successful, the following undertakings and conditions will form your statement of commitment with Cancer Council NSW:

a. We agree not to accept any sponsorship from the tobacco industry.

b. We agree to acknowledge Cancer Council NSW support and to promote Cancer Council whenever appropriate.

c. We agree to allow Cancer Council to publicise the funding given to our organisation and the purpose for which the funding is allocated.

d. We agree to use the funding for the approved purposes only, and to seek approval for any changes to what has been proposed in this application form.

e. We agree that the project will be completed and all grant monies spent by June 30 2013

f. We agree to complete an evaluation questionnaire, supplied by Cancer Council at the completion of the project.

g. We acknowledge the right of Cancer Council NSW to terminate this Agreement if activities specified in this statement of commitment are not undertaken as agreed.

h. We agree to contact the media and actively involve them in promoting the receipt of this Grant throughout the community. Note: (Please contact Cancer Council office if you require assistance).

We have read the above conditions and agree, if funded, to carry out the SunSmart activities as described in this application and according to this statement of commitment.

____________________________________________________   Date___________
Signature of Contact person

____________________________________________________   Date___________
Signature of Executive Officer/Manager/President/Secretary

(Please print names)
Goods and Services Tax (GST)

All Applicants:

The applicant is responsible for any amount of GST applicable from the receipt of the grant funds.

Where an applicant does not have an Australian Business Number (ABN), funding will only be paid on completion of the following Australian Taxation Office form: Form A - “Statement by a supplier – Reason for not quoting an ABN to an enterprise”. Form A, together with instructions on a Sample “How To”, are included in the pack.

Where an applicant has an ABN but is not registered for GST, funding will be paid in the granted amount eg. grant of $1,000 includes 10% GST.

Where the applicant has an ABN and is registered for GST, funding will be paid together with 10% GST eg. grant of $1,000 plus $100 GST, totalling $1,100 paid. The applicant will be required to remit the GST to the Australian Taxation Office.

Funding will be paid on the agreed payment date where a valid tax invoice is received by Cancer Council NSW prior to that payment date.

If a funding application is successful, the applicant will be advised by Cancer Council of the amount of the grant for which a valid Tax Invoice is required.

*Note:* Form A – ‘Statement by Supplier” and Form B “Tax Invoice” “How To” forms are included in the pack. Blank copies of these forms are also included for you to use and submit so that your funding Grant can be released.

**Funding will not be released until these forms are received by Cancer Council.**
Statement by a supplier

Reason for not quoting an Australian business number (ABN) to an enterprise

Name of supplier

Address of supplier

Under the pay as you go legislation and guidelines produced by the Tax Office I provide you with a written statement that explains why I have not quoted an ABN for the current and future supply of goods and services to you.

The supply is made to you in my capacity as an individual, and the supply is made in the course of an activity that is a private recreational pursuit or hobby

The supply is made to you in my capacity as an individual, and the supply is wholly of a private or domestic nature for me

I (or the supplier that I represent) am/is a non-resident who is not carrying on an enterprise in Australia

The whole of the payment that I (or the supplier that I represent) will receive for the supply is exempt from income tax

I (or the partnership that I represent) have no reasonable expectation of profit or gain from the activity undertaken and consider that I (or the partnership that I represent) do not meet the definition of enterprise for tax purposes

For this reason I am not quoting you an ABN. You should not withhold an amount from the payment you make to me for the supply. I agree to advise you in writing if circumstances change to the extent that this statement becomes invalid.

Name of authorised person (if not the supplier)

Signature of supplier or authorised person

Daytime contact phone number

Date

It is an offence to make a false or misleading statement

The person or entity to whom this statement is made should retain the statement for 5 years
Form A
"How To"

Insert the name of your organisation here

Insert your organisation's address here

SAMPLE ONLY. – GUIDE FOR ORGANISATIONS WITHOUT AN ABN. This document MUST be completed and submitted BEFORE any funding will be released to you.

Statement by a supplier

Reason for not quoting an Australian business number (ABN) to an enterprise

Name of supplier

Address of supplier

Under the pay as you go legislation and guidelines produced by the Tax Office, I provide you with a written statement that explains why I have not quoted an ABN for the current and future supply of goods and services to you.

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Daytime contact phone number

Date

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The person or entity to whom this statement is made should retain the statement for 5 years

Please attach the following documents to your completed Statement of Supplier:

- Form B - Valid Invoice (sample attached) from your organisation that details:
  - The products/services you will be spending the approved Grant funds on.
  - (Refer to the funding approval letter and your application/quotes for this information)
- Pictures or diagrams of the product/services (if available); and
- Details for the date of expected delivery.

Sign & Send to Cancer Council NSW1/218 Peel Street, Tamworth NSW 2340
Form B

Your:
Organisations Name: _______________________________________

Organisations Address _______________________________________

_____________________________________

Contact Person and Telephone ___________________________________

Email address _______________________________________

To:
Cancer Council North West Region
1/218 Peel Street,
TAMWORTH NSW 2340

The Grant Approved is for the Supply of

_______________________________________________________

_______________________________________________________

Total Cost $ ________

Suppliers Account attached Yes ☐ No ☐

Our organisations

Direct Bank Deposit Details are:

BSB ____________

Account Number _______________________

Full Name of Account _______________________

Notes – to ensure your Grant Funding can be released:

1. Please fully complete Forms A & B
2. Sign and Send these Forms to the Cancer Council
### Applicant - Checklist for attachments:

I have attached the following documents to this 2012-2013 Official Application:

<table>
<thead>
<tr>
<th>Details of Attachments</th>
<th>Please Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details of our Auspicing organisation – where applicable</td>
<td></td>
</tr>
<tr>
<td>A copy of our Australian Business Number (ABN) – where applicable</td>
<td></td>
</tr>
<tr>
<td>A copy of our GST Registration Certificate – where applicable</td>
<td></td>
</tr>
<tr>
<td>PLUS all the following documents</td>
<td></td>
</tr>
<tr>
<td>Form A – “Statement of Supplier” completed</td>
<td></td>
</tr>
<tr>
<td>Form B – “Tax Invoice” completed</td>
<td></td>
</tr>
<tr>
<td>Other supporting documents – written quotes – where applicable</td>
<td></td>
</tr>
</tbody>
</table>

### IMPORTANT DATES:

- Closing date for applications: 26 October 2012
- Applications assessed: 9 November 2012
- Evaluation reports due: 30 June 2013
- Project completion date: 30 June 2013
Cancer Council (Shade) Marquee Structures – by Shade Australia

Marquees will be purchased by CC and delivery will be arranged with successful organisations.

Table 1: Shapes and Sizes

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Weight</th>
<th>Entry Height</th>
<th>Number of Legs</th>
<th>Peak Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 3.0 x 3.0 metres</td>
<td>37kg</td>
<td>201cm</td>
<td>4</td>
<td>325cm</td>
</tr>
<tr>
<td>B. 3.0 x 4.5 metres</td>
<td>44kg</td>
<td>202cm</td>
<td>4</td>
<td>325cm</td>
</tr>
<tr>
<td>C. 3.0 x 6.0 metres</td>
<td>59kg</td>
<td>203cm</td>
<td>6</td>
<td>326cm</td>
</tr>
</tbody>
</table>

Notes:

- All Structures come with 4 removable sidewalls.
- Screen printing of CC Logo on the Facia of the Marquee will be completed prior to shipping.
- Where required, additional Screen printing of organisations Logo will be done at additional cost to the organisation.
- All Marquees will be purchased by Cancer Council.
- Delivery to your nominated contact officer’s street address is included.
Guide for applicants

The purpose of Cancer Council NSW Cancer Control Grant Program is to provide small amounts of funding - up to $3000 - to groups to meet local cancer control needs.

Applications would ideally fall into at least one of the following areas priority areas of Cancer Council work:

- Research
- Patient Support & Information
- Cancer Prevention & Screening
- Advocacy
- Working in the Community

Why be involved?

There are many local needs for Cancer Control that cannot be identified and met from a NSW perspective. These needs and the strategies to best meet these needs can be more effectively identified and met by local people working together.

Cancer Council NSW wants to help your local communities to work together to develop solutions to your local issues, through offering small grants.

Evaluation of your program is very important to show an outcome has been achieved, and should be an important part of your program. This will not only help to show how your activity is working, but will assist the wider cancer control community to identify best practice strategies for future development and application to other parts of the region and wider NSW.

Who can apply?
Applications are invited from Organisations who can meet the following criteria. The organisation must:

- Be a community, not-for-profit agency
- Demonstrate your organisation can administer funds

Who CANNOT apply?
- Organisations that receive any support or sponsorship from tobacco companies.
- Government owned and operated agencies, including schools (Note: P&C’s can apply so long as they operate as a Not for Profit Organisation separate from the School)

Activities that won’t be funded
Funding will NOT be allocated for:

- Individuals’ medical expenses
- Activities that are the responsibility of the Area Health Service
- Interstate or overseas travel
- Any activity that does not occur in NSW
- Retrospective funding or budget deficit
- Organisations that receive any sponsorship or support from tobacco companies
- Recurrent budgets to support other bodies
Special Guidelines regarding Applications Shade Structures

- Permanent shade structures can be part funded if the committee judges the application as beneficial
- Blanket applications covering a number of organisations are excluded
- An organisation can only make an application for shade funding once in any 5 year period.
- The funded Organisation must agree to CCNSW logo being permanently and visibly displayed on the structure
- CCNSW reserves the right to reclaim the shade structure if it is used for any purpose that conflicts with CCNSW values and priorities
- Preference will be given where there is clear evidence (e.g., a shade audit has been conducted) that the structure will provide adequate benefit and protection.

Special Guidelines regarding Complimentary and Alternative Therapies

- Consideration will be given to Organisations that indicate a preference for working in partnership with CCNSW, and to those who demonstrate a willingness to enter into a long term partnership
- Any application which is in conflict with CCNSW policies will NOT be funded

Special Guidelines regarding Wig Libraries

- Applications from Non-Government Organisations will be considered for funding
- The organisation must demonstrate procedures for infection control

Some Examples of Programs Suitable for Funding

- Cancer Information Displays for Community locations
- Purchase of equipment for community use
- Training programs eg: Support group facilitators, volunteer carers
- Educational programs for patients, carers or specific community
- Shade structures for commonly used facilities or areas
- Development of resources for ATSI/CALD specific groups
- Production of cancer information into other languages
- Hire of transport to take people to agreed functions (e.g., information evenings)
- A Support group initiative to create a wig library
- Local transport services

Application Assessment Committee

Applications for funding will be assessed by representatives from Cancer Council NSW, other cancer control organisations and Cancer Council NSW supporters. Members of this committee will declare any conflict of interest and will excluded themselves from discussions or decisions around said conflict.
**Support and Resources**
The following resources are available via Cancer Council NSW website or from your local regional office staff:

- Local incidence and Mortality data
- Cancer Council Mission and Vision
- Advice on program development and implementation
- Cancer Council Prevention and Support resources
- The Regional Operational Plan priority areas

**For more information contact:**

Mrs Shaen Fraser  
Regional Programs & Operations Coordinator  
The Cancer Council NSW  
PO Box 1616  
TAMWORTH, NSW, 2340  

Ph: 6763 0900  
Email: shaenf@nswcc.org.au
The Application Process

Applications will be judged against the following criteria, and grants will be awarded on the extent to which an organisation/group demonstrates its commitment and ability to improve cancer control in the region.

Essential Criteria
1. The project for which funding is sought fits with the CCNSW vision ‘To engage the people of NSW to reduce the impact of cancer on the community’

2. The project fits into at least one of the 5 priority areas of CCNSW work:
   - Research (Note: applications for any research grants needs to be approved by CCNSW Board)
   - Patient Support & Information
   - Cancer Prevention & Screening
   - Advocacy
   - Working in the Community

3. The project Applicants have taken into account the Special Conditions listed on the previous page for applications relating to Shade, Complementary and Alternative Therapies and Wigs.

4. There is clear evidence of local need

5. There is demonstrated community support for the proposed activity

6. The applicants demonstrate that they have the skills and capacity to do the proposed activity

7. The proposal gives a clear indication of what will be achieved and how the funds will be used

8. Strategies will be put in place to promote the successful receipt of funds under the Regional Cancer Control funding program, to your community and/or target group.

9. Commitment to promote the activities of Cancer Council NSW

10. The project will not make profits from the use of the funding

11. The project can be completed by 30 June 2013

Desirable Criteria
a. The Project aligns with the specific regional priorities as outlined in the Cancer Council’s Regional Operational Plan.

b. The proposal involves a partnership approach with CCNSW regional office.