

## Project description and grant application

**\*indicates a required field.**

### Community Action Plan

Applicants to the LDAT program are expected to have an existing community action plan (or equivalent). In some cases a community action plan will be specifically focused on alcohol and other drugs, while other groups may be working on a broader health promotion agenda. If your community action plan identifies a broader agenda, the plan should clearly outline responding to alcohol and other drug harm as one of the key objectives.

The national LDAT program **does not require LDATs to completely redevelop a new Community Action Plan** if your group already has one.

**Please indicate which areas your plan covers: \***

- Local needs analysis / community profile
- Goals and objectives
- Identified partners / stakeholders involved in the delivery of the plan
- Clear strategies that involve collaboration of agencies/community groups/community
- Demonstrated approach to measure and/or evaluate success

Clear

At least 1 choice must be selected.

**Upload your community action plan \***

Attach a file:  No file chosen

A maximum of 1 file may be attached.

### Project Outline

The LDAT program provides support, resources, and funds for groups to deliver a project. Describe the project you would like to undertake as an LDAT.

### Focus areas for your project

**Tick one or more boxes \***

- Prevention of ice (crystal methamphetamine) use in the community
- Prevention of alcohol related harms in the community
- Increasing family protective factors in the community
- Priority population
- Existing or emerging drugs in your community
- A project with an Indigenous community

Clear

**If you ticked Priority Population please briefly describe the population group \***

Must be no more than 10 words.

### Description of your project

**Title of your project \***

Must be no more than 20 words.

**In which local government area or areas (LGA) will this project take place? \***

Must be no more than 10 words.

**In which state or territory will the project take place? \***

Other

**What issues or community needs will this project respond to? \***

Word count:  
Must be no more than 50 words.

**Who in the community are you seeking to assist with this project? \***

Must be no more than 30 words.

**How will this project address community issues or needs? \***

Word count:  
Must be no more than 50 words.

**How does this project include and promote community participation and community ownership? \***

Word count:  
Must be no more than 50 words.

**Aside from the partner organisations of your group, what other partners will you involve in this project? \***

**What are the main outcomes from your community action plan that this program aims to achieve? \***

Word count:  
Must be no more than 50 words.

**What evidence or evaluation is this project informed by? \***

Word count:  
Must be no more than 100 words.

**How will you monitor and review the project? \***

Word count:  
Must be no more than 50 words.

**When will this project commence? \***

Must be a date.

**And the project end date? \***

Must be a date. Project end date may be later than grant end date

**Community action grant**

Forty community action grants will be distributed in April 2017 to be spent within 12 months of the grant date. Approximately 34 grants of \$21,000 and 6 grants of \$40,000 are available. Any capital expenditure over \$500 must be listed as an individual line in the budget.

Please provide a budget for your proposed project and indicate the grant amount you are applying for (between \$21,000 to \$40,000).

| Income               | \$                      | Expenditure            | \$                        |
|----------------------|-------------------------|------------------------|---------------------------|
| <input type="text"/> | \$ <input type="text"/> | <input type="text"/> * | \$ <input type="text"/> * |
| <input type="text"/> | <input type="text"/>    | <input type="text"/>   | <input type="text"/>      |
| <input type="text"/> | <input type="text"/>    | <input type="text"/>   | <input type="text"/>      |
| <input type="text"/> | <input type="text"/>    | <input type="text"/>   | <input type="text"/>      |
|                      | <b>Total:</b>           |                        | <b>Total:</b>             |

[Add More](#)

**What value grant are you applying for?**

Indicate the grant amount you are applying for (between \$21,000 to \$40,000). Round amount to nearest \$'000 \*

**Bank details and GST Status**

**Lead Organisation - Bank Name \***

**Lead Organisation - Bank Account Name \***

**Lead Organisation - BSB \***

Must be between 6 and 6 characters.

**Lead Organisation - Account No \***

Must be no more than 9 characters.

**Is the lead Organisation Registered for GST? \***

- Yes
- No
- [Clear](#)

**Supporting documents**

Upload short letters of support from your community and/or group's organisation leaders that include a statement of support to participate in the LDAT program and to provide resources to your LDAT project

Attach a file:  No file chosen

A minimum of 1 file and a maximum of 3 files may be attached.

**Name of Person Authorising this Application \***

| Title                | First Name           | Last Name            |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Submission**

By submitting this application you acknowledge:

- Your application is complete and accurate
- Your application will be reviewed by an Grant Selection Panel comprised on ADF staff members and external experts
- If successful, your group will be publically recognised as a Local Drug Action Team