Stay Afloat Community Resilience Grant Application



There's a world of ideas as to how you can raise awareness of Mental Health and Wellbeing in your commercial fishing community. Follow @StayAfloatAustralia on Facebook for ideas or check out our 1-pager at www.stayafloat.com.au. To get you started:

- A barby and get a local speaker who has lived experience to share their story
- Follow your AGM, regular meeting, safety talks with an event and ask your Trusted Advocate to come and share information
- Start a walking group, book-club or podcast community
- Tie an activity to a local festival
- Hold a seafood cook-off

And if you want to chat about your idea before applying e-mail <u>jo.marshall@stayafloat.com.au</u> or call Jo on 0408 008 344.

| Contact Person Name | |
|----------------------|--|
| Contact Person Email | |
| Contact Person Phone | |

Event Details

| Name of hosting organisation | | |
|--|---|--|
| Name of event(s) | | |
| What sort of event are you planning? | Event specifically for Community Resilience | |
| | Activity tied to existing event (Meeting, Community event, sporting event etc) | |
| | Repeated event or activity (eg, walking group, book club) | |
| | Other – please detail | |
| Event Date: | Start time: am/pm End time: am/pm | |
| Location/Address of Event | | |
| Brief event description (10-20 words) | | |
| How will you raise awareness of Mental Health and Wellbeing at your event? | | |

| Please provide a promotional blurb for your event (maximum 200 words). | |
|--|--|
| Stay Afloat will use this blurb to help promote your event. | |
| How will people RSVP to your event? | |

Who is this event targeting?

| Describe who that you are targeting to attend this event? | |
|---|--|
| | |

What is the anticipated number of participants?



Minimum

Maximum

Will you be partnering with another organisation to deliver the event?

| | Yes |
|--|-----|
|--|-----|

_ No

If yes, which organisation(s) and what will their role be?

What groups within the local seafood community will be invited/involved?

| Fishers and deckhands |
|--|
| Business owners |
| Families of industry |
| Processors and/or retailers |
| Mental health supports (eg, doctors, counsellors, other health care providers) |
| Broader local community members |
| Other (please specify) |

Event Budget

| Amount of funding requested | \$ |
|-----------------------------|----|
|-----------------------------|----|

We encourage applicants to seek cash and/or in-kind support from other individuals or businesses in their community. This can not only strengthen the activity, but demonstrates the commitment of our industry and it's communities to supporting this program. If you are going to receive additional support, please provide details so that we can include this in our reporting on the success of the program. Please provide details below

| Funding organisation | Value of Contribution | Cash | In- kind/services |
|----------------------|-----------------------|------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please fill out the following budget table, and add additional rows if necessary:

| Item | Cost | Supplier |
|------|------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |

Evidence of insurance

• Please attach the Certificate of Currency for public liability insurance coverage of your hosting organisation (if you are unclear on this, get in touch with SIA and we'll assist).

Acquittal

• Please ensure that you will be able to supply invoices and receipts within two weeks after the event

Selection criteria and guidelines

A selection panel of industry representatives has been chosen to ensure integrity to the application process. Consideration will be given to the following:

- The beneficiaries of the grant activity are members of a commercial seafood community – Required
- The applicant is a member of the commercial seafood community or can demonstrate current links to the local community through activities such as supply, community support, healthcare providers – **Required**
- 3. The activity will be promoted in a manner that ensures that the majority of members of the target community are made aware of the activity well before the activity date **Ideal**
- 4. The activity will bring together a significant number of community members. As a guide, a minimum of 10 attendees would be a suitable goal **Ideal**
- 5. The applicant can demonstrate how the activity will raise awareness of Mental Health and wellness **Required**
- 6. The group running the activity will promote and invite members of other parts of the commercial seafood community to join in (eg, Fishing / Aquaculture / Families) Ideal
- 7. There applicant can provide receipts and other evidence to show how funds were utilised **Required**
- 8. The grant funds will not be used to provide alcohol or towards other items that are at odds with the practice of positive wellbeing **Required**
- 9. The applicant is committed to providing information, stories and photographs of the activity for use in the Stay Afloat Program **Required**

Applicants will be notified of approval or otherwise via their nominated e-mail address within 6 weeks of the closing date for applications.

Message relating to COIVD-19

Any event run as part of Stay Afloat Community Resilience grants program requires adherence to their State Governement directions in relation to COVID as they stand at the time of the event - including physical distancing, capturing contact details of attendees for contact tracing, congregation number limits and hygiene recommendations. If you are unsure where to find this information, please go to your State or Territory Department of Health website.

Acknowledgement *

I/we acknowledge the current ongoing and changing COVID-19 restrictions. We confirm that at the time of application, the proposed event is COVID-19 compliant and that we will ensure the same at the time of running the event. I/we have checked our local Dept of Health website for current updates and restrictions. Should our event be cancelled due to COVID or any other unexpected situation, any funds provided will be returned to SIA.

I/we confirm that all activities undertaken should our application be successful will be undertaken in alignment with the description provided in this application and will meet all guidelines and requirements, unless otherwise agreed with the Program Manager (Stay Afloat, Seafood Industry Australia) in writing.

Signed

Date

Name