# Grant - Expression of Interest

This form is to be used to apply for funding under stage 1 Gambling Harm Prevention and Mitigation Fund (GHPMF) Grants Program.

Before completing this form, please read [Gambling Harm Prevention and Mitigation Fund Grants Guidelines](https://www.gamblingandracing.act.gov.au/__data/assets/pdf_file/0010/2308087/Gambling-Harm-Prevention-Mitigation-Fund-Grants-Program-Guidelines.pdf) and familiarise yourself with the [Strategy for Gambling Harm Prevention in the ACT: A Public Health Approach](https://www.gamblingandracing.act.gov.au/publications/other/strategy-for-gambling-harm-prevention).

Applicants must complete all relevant sections of this form.

For any enquiries about the Guidelines, your project or the grant application process please contact the Gambling and Harm Prevention team by email – gamblingharmprevention@act.gov.au.

Please submit your completed form with your project proposal and any supporting documents by email to gamblingharmprevention@act.gov.au

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| Section 1 – Applicant Details |
| **Name of applicant/s:**  |  |
| **Applicant’s organisation:** |  |
| **Address and postal address:** |  |
| **ACN/ABN where applicable:** |  |
| **Primary contact person:** |  | **Telephone number:** |  |
| **Email address:** |  |

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| Section 2 – Proposal Overview and Funding Details |
| **Project name:**  |  |
| **Project Summary:** | Please describe the purpose, activity/program and expected benefits. |
| **Grant Amount Sought** | **$**  |
| **Category:** | [ ]  | **General Project:** Includes events, campaigns, promotional material and other initiatives that fall within the Scope of the GHPMF other than research and builds the gambling harm evidence base through project evaluation. |
| [ ]  | **Research Project:** Includes research projects aimed at building the evidence base that informs the initiatives designed to prevent and reduce gambling harm in the ACT. |

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| Section 3 – Proposal Checklist |
| **Criteria:** | **Yes** | **No** |
| **Is your project intended for and aimed at the ACT Community?** | [ ]  | [ ]  |
| **Does your project assist with:*** Alleviating gambling harm;
* Alleviating the disadvantages that arise from gambling harm; or
* Providing or ascertaining information about gambling harm?
 | [ ] [ ] [ ]  | [ ] [ ] [ ]  |
| **Does your proposal address how it aligns with the objectives of the Strategy for gambling harm prevention in the ACT: A public health approach?** (All applications must address this criterion) | [ ]  | [ ]  |
| **Does your project support and build the evidence base for gambling harm prevention strategies and initiatives in the ACT?** (Applications for funding for Research Projects must address this criterion) | [ ]  | [ ]  |

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| Section 4 – Declaration | **Yes** |
| I understand that my application for funding will be reviewed by the Gambling and Racing Commission. | [ ]  |
| I understand and acknowledge that the information provided in this application is true and complete to the best of my knowledge. | [ ]  |
| **Print Name:** |  | **Date:** |  |