**THIS APPLICATION FORM IS FOR SHADE GRANTS ONLY**

|  |
| --- |
| **Evidence to Practice Grants** |
|  |
| **Closing Date: 5pm, Friday 13 March 2015** |

**Project Title**

|  |
| --- |
| *Maximum 20 words* |

**Priority Areas**

Identify the priority areas that the project relates to:

**Priority population groups**

|  |  |
| --- | --- |
| [ ]  | Children (under 12 years of age) |
| [ ]  | Adolescents and young adults (13 – 24 years of age) |
| [ ]  | Adult males (40 years of age and older) |

**Priority settings**

|  |  |
| --- | --- |
| [ ]  | Community – built environments, social structures |
| [ ]  | Education – schools, early childhood centres, TAFEs, colleges, universities |
| [ ]  | Workplaces – industries, outdoor workplaces |
| [ ]  | Recreation – parks, sporting grounds, beaches, public swimming pools, tourism destinations |
| [ ]  | Healthcare services – general practice, pharmacies, allied health service providers, community health, health promotion service providers |

**Organisation**

|  |  |
| --- | --- |
| Organisation Name |  |
| Street Address |  | Postal Address |  |
| ABN |  |

**Contact details**

|  |  |
| --- | --- |
| Contact Name |  |
| Title |  |
| Phone number |  |
| Email |  |

**Project summary and intended outcomes**

Provide a brief summary of the project and intended outcomes:

|  |
| --- |
| *Maximum 100 words* |

**Please identify other skin cancer prevention strategies that your organisation is undertaking**

For example, an organisational skin cancer prevention policy. If your organisation does not have an existing policy we recommend visiting the [Cancer Council NSW](http://www.cancercouncil.com.au/55680/reduce-risks/sun-protection/tips-for-being-be-sunsmart/tips-for-sun-protection/sun-protection-resources-and-order-form/?pp=37078&cc=8156&&ct=35) website for examples of organisational skin cancer prevention policies in a range of different settings.

|  |
| --- |
|  *Maximum 200 words* |

**Project Description**

Provide a detailed description of the proposed shade project:

|  |
| --- |
|  *Maximum 400 words* |

Please outline how people in your community will benefit from this shade grant:

|  |
| --- |
| *Maximum 200 words* |

**Project Plan**

Provide a project plan outlining key objectives you will achieve and planned activities. Please ensure SMART principles are applied to objective setting (i.e. objectives are specific, measurable, achievable, realistic and have a timeframe). Objective tables can be added or deleted as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective 1 Description:**  | **Planned Activities:** | **Timeframes:** | **Evaluation Measures:** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective 2 Description:**  | **Planned Activities:** | **Timeframes:** | **Evaluation Measures:** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective 3 Description:**  | **Planned Activities:** | **Timeframes:** | **Evaluation Measures:** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective 4 Description:**  | **Planned Activities:** | **Timeframes:** | **Evaluation Measures:** |
|  |  |  |  |

**Project Budget**

Provide a breakdown of how the grant funds will be spent (delete/add lines as necessary).

Please attach a minimum of one quote from a shade supplier for the construction of the proposed shade structure.

|  |  |
| --- | --- |
| **Description** | **Amount** |
| Shade structure  |  |
| **TOTAL** |  |
| In kind support (if applicable) |  |

**Current and Previous Grants**

Please provide details of any current Cancer Institute NSW grants and any Cancer Institute NSW grants awarded in the last 3 years for shade provision projects.

|  |
| --- |
| *Maximum 200 words* |

**Approval and Sign Off**

This application requires signed evidence of support from the Project Sponsor, the organisation’s Chief Executive / CEO and, if applicable, the appropriate authority of project partner organisations. If the applicant is from a Local Health District signed evidence of support is also required from the Director of Cancer Services (or equivalent).

|  |
| --- |
| **Project Sponsor**  |
| *Provide details of the Project Sponsor who will be accountable for completion of the shade project* ***and*** *will have financial responsibility.* |
| Title |  | First Name |  |
| Last Name |  |
| Organisation |  | Position Title |  |
| Role on Project | *Provide a brief explanation on how the project sponsor will be accountable* |
| Telephone |  | Fax |  |
| Email |  |
| Signature |  | Date |  |

|  |
| --- |
| **Project Lead**  |
| *Provide details of the Project Lead who will be accountable for completion of the shade project.* |
| Title |  | First Name |  |
| Last Name |  |
| Organisation |  | Position Title |  |
| Role on Project | *Provide a brief explanation of role on project (e.g. Project Coordinator/Manager)* |
| Telephone |  | Fax |  |
| Email |  |
| Signature |  | Date |  |

|  |
| --- |
| **Chief Executive / Chief Executive Officer (delete as appropriate)** |
| Name |  |
| Signature |  | Date |
| Email |  |
| Postal Address |  |

|  |
| --- |
| **Appropriate Authority of Project Partner Organisations (add further partners or delete as appropriate)** |
| Name |  |
| Signature |  | Date |
| Email |  |
| Postal Address |  |

***Please email a Word version and a PDF version of your application to the Cancer Institute NSW as per the details provided in the Application Guidelines.***



**SunSmart shade audit summary table**

|  |  |
| --- | --- |
| **Location:** |  |
| **Time:** |  |
| **Date:** |  |
| **Weather conditions:** |  |
| **\*Site map attached:**  | Yes 🗆 No🗆  |
| **\*Photographs attached:**   | Yes 🗆 No🗆  |

**\*Please do not forget to insert site map and photographs into this document to complete this shade audit.**

**Site description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Percentage of area covered by shade** | **Condition of built shade** | **Maturity and condition of trees**  | **What infrastructure is shaded?** | **Can infrastructure be moved into existing shade?** Suggest where | **Is there a need for new shade?** |
| 🗆 Yes: ………..% of site covered🗆 None  | 🗆 New 🗆 Good 🗆 Fair 🗆 Poor  | 🗆 Still growing 🗆 Mature 🗆 Good condition 🗆 Poor condition 🗆 Species (if known): ……………………  | 🗆 None 🗆 Seating 🗆 Play equipment 🗆 Other ………………….. | 🗆 YesProposed new location: …………….. 🗆 No | 🗆 Yes🗆 No |
| **Type of shade** | **Shade density (built)** | **Shade density (trees)** | **Infrastructure requiring shade**(List in order of priority) | **Barriers to use** | **Priority for action (compared to other sites)** Consider usage during peak UV periods |
| 🗆 Built 🗆 Natural (trees) | 🗆 Low 🗆 Medium 🗆 High  | 🗆 Low 🗆 Medium 🗆 High  |  | 🗆 None 🗆 Unappealing 🗆 Hazardous …….. 🗆 No access 🗆 Other ………… | 🗆 Low 🗆 Medium 🗆 High  |

****