

Quality of Life Fund

Application Form

Your organisation

Organisation name

ABN/ACN

Organisational type (select one option)

Organisation overview

Tell us your organisation's mission/vision and areas of focus

Organisational website

Contact name

Position

Email

Phone number

Project/initiative name

Project overview

Tell us what the overall objective and goals of your project are.

What is your estimate of financial support required from icare foundation?

A maximum of \$1 million applies.

Over what time period will you require funding support?

A maximum of a 2 year funding period applies.

Less than 1 year

1 year - 2 years

Explain the specific problem, need or gap you are trying to address with your idea/initiative.

Demonstrate that you have a good understanding of the extent and impact of the problem. How well do you understand the needs and wants of the end user? Provide evidence and statistics where possible.

What is your proposed solution/initiative to address this problem, need or gap?

Outline your initiative and how it addresses the problem, need or gap. Include evidence that supports your hypothesis that the solution will work such as proof of demand, evidence from other contexts or approaches, or clear evidence of impact through existing efforts. Explain how your solution would be feasible, viable and desirable. Why is this the right solution for the problem? Who specifically will benefit from the solution? For example, adults with a spinal cord injury.

What are the direct outcomes you expect from the initiative?

Think about impacts and changes in people's lives or behaviours and/or improvements to organisations and systems.

How will you measure the success of your initiative?

Describe how the intended outcomes of the initiative can be sustained beyond the life of the initiative?

Which of the target focus areas does your solution aim to address?

- Provide practical and/or emotional support for carers and families to better support the injured person
- Enrich life and provide a renewed sense of value and purpose
- Assist people (and their families) to adapt to life post-injury
- Help people to manage chronic pain effectively
- Foster social connection and inclusiveness

How will you implement your solution?

Outline the key stages, activities and expected timeframes for delivery for each stage of your initiative.

Stage	Description of approach and activities	Timeframe for delivery

Capability

Tell us who will be working on your initiative. What will their role be? What are their relevant capabilities and experience?

Risks

List any risks you have identified which may impact on, or occur because of, your initiative and how you may mitigate these.

Risks	Likelihood (Low, med, high)	Impact (Low, med, high)	Mitigation strategy

Financials/budget

Please provide a high-level breakdown of how funding from icare foundation and any other funding sources would be utilised to deliver your solution.

Once you have completed, please email a copy to foundation@icare.nsw.gov.au

Disclaimer

We shall not be liable for any costs or loss incurred or sustained as a result of an applicant's reliance on any information provided by us pursuant to this investment call or of the applicant's participation in this investment call.

We reserve the right in our absolute discretion to accept or reject late submissions; vary the dates for key stages; freely discuss aspects of an applicant's application directly with them; or discontinue this investment call.

We will not be legally bound to provide any funding to an applicant until a funding agreement has been signed by the applicant and us.