

Victorian Indigenous Family Violence Strategy

Community Initiative Fund

Application Form

2013/2014

This application requires the name of two people listed as the applicant.

PART 1A: APPLICANTS DETAILS

Name of Applicant (Primary Contact) _____
Person with authority to submit application (i.e. Chief Executive Officer or Chairperson)

Position _____

Name of Organisation/Community Group _____

Postal address _____

Town/Suburb _____ Postcode _____

Telephone _____ Mobile _____ Fax _____

Email _____

Name of Secondary Contact _____
Person with authority to submit application (i.e. Chief Executive Officer or Chairperson)

Position _____

Name of Organisation/Community Group _____

Postal address _____

Town/Suburb _____ Postcode _____

Telephone _____ Mobile _____ Fax _____

Email _____

Program/Project Managers details _____

First Name _____ Last Name _____

Position _____

Postal address _____

Town/Suburb _____ Postcode _____

Telephone _____ Mobile _____ Fax _____

Email _____

Type of Organisation (please tick)

Not-for-profit Aboriginal Organisation Aboriginal Community Group

Aboriginal Program
(Situating in a Non – Aboriginal Organisation)

Does your organisation have an Australian Business Number (ABN) Yes No

If YES please provide your organisation's ABN

Is your organisation registered for GST Yes No

Is your organisation registered as an incorporated body? Yes No

If your organisation IS registered for GST and IS an incorporated body then go to Section 2.

If your organisation is NOT REGISTERED FOR GST and is NOT AN INCORPORATED BODY, you must have an incorporated organisation auspice this grant for it to be considered.

It is YOUR RESPONSIBILITY to discuss this application with the auspice organisation before submitting this application.

SECTION 1B must be completed if you have an auspice organisation.

PART 1B: ORGANISATION MANAGING FUNDS

Name of auspice organisation _____

Person with authority to submit application (i.e. Chief Executive Officer or Board Chairperson)

First Name _____ Last Name _____

Position _____

Postal address _____

Town/Suburb _____ Postcode _____

Telephone _____ Mobile _____ Fax _____

Email _____

Type of organisation

Not-for-profit Aboriginal Organisation Incorporated Association

Other (please specify) _____

Please provide your organisation's ABN

Is your organisation registered for GST? Yes No

PART 2: PROJECT OVERVIEW

1. Project name:

2. Anticipated Project Start Date: ____/____/____

Anticipated project completion date: ____/____/____

**3. Where will the project be delivered?
Eg. Community, Regional, Local, and type of groups involved**

4. Has this project previously received funding from this program? YES / NO
If YES, please attach a brief evaluation report from the project, including a summary of key project outcomes.

5. Describe how the project benefits the Community.

6. Describe who will be the key target audience and how they will be engaged in this project.

7. How does the project address the priorities in the Indigenous Family Regional Action Plan?

8. How does the project support the Ten Year Indigenous Family Violence Plan, *Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities?*

9. Describe how the project prevents Family Violence in the Aboriginal community.

PART 4: FINANCIAL AND GOVERNANCE DETAILS

Project budget

Please provide full details of the income and expenditure budget for your project. Do not include GST in this budget. The following budget lines are given as a guide only. Your project may not require all of these budget lines, or may have additional budget lines.

Please note: *Salary – please state what level staff member employed, i.e. Award plus number of hours per week. Capital – no purchase of equipment refer to section 4 of the CIF Guidelines.*

INCOME	\$	EXPENDITURE	\$
Amount requested		Salary	
Funds from your organisation		Auspice Administration overheads	
In kind support (please specify)		Advertising	
Other (please specify)		Materials / consumables' including resource development (please specify)	
Are there any other agencies contributing		Staff travel costs (please specify)	
		Community consultation costs including catering, venue hire and community transport (please specify)	
		Other (please specify)	
TOTAL INCOME		TOTAL EXPENDITURE	

Declaration by organisation entering into Service Agreement with DHS

I state that the information in this Application and attachments is to the best of my knowledge true and correct and understand that any omission or false statement may result in the rejection of the Application or the withholding of any funding already approved.

I understand that approval is required should there be any changes or variations to this project as stated on page 5 of the CIF Guidelines.

I understand that a final report will be due for submission within six weeks of the completion of the project as stated on page 7 of the CIF Guidelines.

I agree that the Department of Human Services, or its agent, may check any of our statements for the purpose of assessing this Application and agree to provide additional information they may request.

I understand that this is an Application only and may not necessarily result in funding approval.

Signature* _____ Date _____

Printed name _____ Position _____

*To be signed by the person with delegated authority to submit application (i.e. Chief Executive or Board Chairperson) and enter into Service Agreement with DHS.

APPLICANT CHECKLIST

- Ensured that each point in the Application Form has been addressed
- Responded to the eligibility criteria
- Completed the financial details section, including confirmed and anticipated funding sources
- Completed project plan
- Had the application signed and endorsed by the relevant office bearer in your organisation
- Attached a letter of support from your organisation's board/committee
- Attached letters of support and/or any agreements with partnering organisations

Organisations that do not have a current Service Agreement with the Department of Human Services should also provide the following:

- Attached a copy of our organisation's previous year's audited financial statements and the most recent monthly financial report
- Attached a copy of our organisation's Certificate of Incorporation and Statement of Purpose

The completed Application Form is to be returned to:

[Regions insert contact details for lodgement of applications.]

by 5pm on Friday 26 July 2013.