

|  |
| --- |
| Victorian Youth Week 2019 grants |
| Application form |

# Section 1 – Contact information

## Part A: Applicant organisation details

|  |  |
| --- | --- |
| **Mandatory\*** Legal name of organisation: |  |
| **Mandatory\*** Trading name of organisation: |  |
| **Mandatory\*** Main street address: |  |
| **Mandatory\*** Town / suburb: |  |
| **Mandatory\*** Postcode: |  |
| **Mandatory\*** State: |  |
| Postal address (if different from above): |  |
| Town / suburb: |  |
| Postcode: |  |
| State: |  |

### Authorised person

**(Must be authorised by the organisation to make the application on their behalf)**

|  |  |
| --- | --- |
| **Mandatory\*** Title: |  |
| **Mandatory\*** First name: |  |
| **Mandatory\*** Last name: |  |
| Position: |  |
| Telephone: |  |
| Mobile: |  |
| Fax: |  |
| Email: |  |

**Mandatory\*** Type of organisation (select only one by marking with an ‘x’):

|  |  |
| --- | --- |
| Incorporated Association |  |
| Local Government |  |
| Secondary School |  |
| University or TAFE |  |
| Other (please specify) |  |
| Applicant Organisation’s Australian Business Number (ABN), if you have one: | | |  |

Are you an Aboriginal community –controlled organisation?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please mark with an ‘X’ | **Yes** |  | **No** |  |

## Part B: Auspice organisation details

If your organisation is not incorporated, you must arrange for an incorporated organisation to manage the grant funds. This organisation will be the ‘auspice’ organisation for the application and you will need to provide their details in this section (Part B).

|  |  |
| --- | --- |
| Name of auspice organisation: |  |
| Main street address: |  |
| Town / suburb: |  |
| Postcode: |  |
| State: |  |
| Postal address (if different from above): |  |
| Town / suburb: |  |
| Postcode: |  |
| State: |  |
| Authorised person Title: |  |
| First name: |  |
| Last name: |  |
| Position: |  |
| Telephone: |  |
| Mobile: |  |
| Fax: |  |
| Email: |  |

Type of organisation (select only one by marking with an ‘x’):

|  |  |
| --- | --- |
| Incorporated Association |  |
| Local Government |  |
| Other (please specify) |  |
| Organisation’s Australian Business Number (ABN): | | |  |

Has the auspice organisation agreed to manage the grant on your behalf?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please mark with an ‘X’ | **Yes** |  | **No** |  |

## Part C: Contact details for Project Manager

|  |  |
| --- | --- |
| Title: |  |
| First name: |  |
| Last name: |  |
| Postal address: |  |
| Town / suburb: |  |
| Postcode: |  |
| State: |  |
| Telephone: |  |
| Mobile: |  |
| Fax: |  |
| Email: |  |

# Section 2 – Project overview

## Project name

**Mandatory\*** We will use this name on all correspondence. Please use 10 words or less.

|  |
| --- |
|  |

## Project description

**Mandatory\*** Describe the project in 100 words or less. We will use this in reports and other publications.

|  |
| --- |
|  |

## Where will your Victorian Youth Week 2019 project primarily be delivered?

**Mandatory\***

|  |  |
| --- | --- |
| Address: |  |
| Local government area (LGA): |  |

DHHS region (please select one by marking with an ‘x’):

|  |  |
| --- | --- |
| Barwon South West |  |
| Gippsland |  |
| Grampians |  |
| Hume |  |
| Loddon Mallee |  |
| Eastern Metro |  |
| Northern Metro |  |
| Southern Metro |  |
| Western Metro |  |
| State-wide |  |

# Section 3 – Project budget

Please provide details of the income and expenditure for your project, excluding GST. Note that the total income must equal total expenditure.

You are required to submit your budget using the categories provided. If you cannot provide enough details in this section please provide a summary here and the details on a separate sheet (or sheets) using the same categories.

## Income

|  |  |
| --- | --- |
| **Mandatory\*** Amount requested **(up to $2,000)** | $ |
| Local government funding | $ |
| Federal Government funding | $ |
| Funds from your organisation | $ |
| Funds from other community organisations | $ |
| Funds from business contributions | $ |
| Funds from philanthropic contributions | $ |
| In-kind support from your organisation | $ |
| In-kind from other sources | $ |
| Other (please specify) | $ |
| **\*Total income** | **$** |

## Expenditure

|  |  |
| --- | --- |
| Administration overheads | $ |
| Training | $ |
| Project coordination | $ |
| Security and First Aid | $ |
| Venue/room hire | $ |
| Equipment hire | $ |
| Transportation | $ |
| Marketing and promotion | $ |
| Printing | $ |
| Equipment and materials (general) | $ |
| Salaries | $ |
| Other (please specify) | $ |
| **\*Total expenditure** | **$** |

# Section 4 – Response to the assessment criteria

Please indicate how your Victorian Youth Week 2019 project will addresses the following assessment criteria. In your response please **answer all the questions** listed in each of the four sections – Project Overview, Delivery, Youth Participation and Partners. Please limit your response for **each question** up to 500 words.

## 1. Project overview

* + 1. Provide an overview of the project – identifying the type of project, its goals and objectives.

|  |
| --- |
|  |

* + 1. Describe the local need for the project in your community.

|  |
| --- |
|  |

* + 1. Provide evidence of these needs – use statistics, data, research and consultation with young people.

|  |
| --- |
|  |

## 2. Project delivery

* + 1. Outline how you will support young people’s participation in the planning and delivery of the project.

|  |
| --- |
|  |

* + 1. Describe how you will promote positive images of young people by showcasing their talent, achievements and contributions to the community.

|  |
| --- |
|  |

* + 1. Describe how you will assist young people to express their ideas and have their voices heard to develop the project.

|  |
| --- |
|  |

## 3. Project youth participation

* + 1. List the key roles or activities that young people will undertake to support the successful delivery of the project.

|  |
| --- |
|  |

* + 1. Outline what groups of young people will participate in the project. Identify if the project will engage young people with additional needs (including CALD, Aboriginal and Torres Strait Islander people, recently arrived refugees, rurally isolated, and young people with a disability).

|  |
| --- |
|  |

## 4. Project partners

* + 1. List the key partners that will support the implementation of this project (including schools, community organisations, councils and businesses).

|  |
| --- |
|  |

* + 1. Describe the role that each of these partners will play.

|  |
| --- |
|  |

# Section 5 – Supporting documents

If you are submitting any additional documents via email to support this application for funding, please detail below. Additional documents should not exceed 10MB.

|  |  |
| --- | --- |
| Document 1: |  |
| Document 2: |  |
| Document 3: |  |
| Document 4: |  |

# Section 6 – Declaration

I state that the information in this application and attachments is to the best of my knowledge true and correct. I will notify DHHS of any changes to this information and any circumstances that may affect this application. I acknowledge that DHHS may refer this application to external experts or other Government Departments for assessment, reporting, advice or for discussions regarding alternative grant funding opportunities. I understand that DHHS is subject to the Freedom of Information (FOI) Act 1982 and that if a FOI request is made, DHHS will consult with the applicant before any decision is made to release the application or supporting documentation. I understand that this is an application only and may not necessarily result in funding approval.

|  |  |
| --- | --- |
| **Mandatory\*** Signature: |  |
| **Mandatory\*** Date: |  |
| **Mandatory\*** Print name: |  |
| **Mandatory\*** Position: |  |

(To be signed by a person with delegated authority to apply - i.e. Chairperson, Secretary, Public Officer or Treasurer)

# Section 7 – Submitting your application

Applications, including any attachments, must be submitted by **Friday, 21 September 2018**. Late or incomplete applications will not be considered. Receipt of applications will be acknowledged in writing via email.

Applications must be submitted via [email to Office for Youth](mailto:youthweek@dhhs.vic.gov.au) <youthweek@dhhs.vic.gov.au>

|  |
| --- |
| To receive this publication in an accessible format [email Office for Youth](mailto:youthweek@dhhs.vic.gov.au) <youthweek@dhhs.vic.gov.au>  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Department of Health and Human Services, August 2018.  Where the term ‘Aboriginal’ is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.  Available at [Victorian Youth Week](https://www.youthcentral.vic.gov.au/get-involved/youth-programs-and-events/victorian-youth-week) <https://www.youthcentral.vic.gov.au/get-involved/youth-programs-and-events/victorian-youth-week> |