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| FReeZA 2019–2021 grants application |
| Application form |

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# What is FReeZA?

FReeZA is an innovative youth development program that enables young people to plan, organise and enjoy drug, alcohol and smoke-free events that are fully supervised.

The FReeZA program is based on youth participation where young people join a local FReeZA Committee and lead the planning, development and delivery of music and cultural events in their local community. The FReeZA committee also provides important performance opportunities for local musicians and young artists.

FReeZA 2019–2021 will be delivered through a partnership between the Victorian Government and community organisations whereby:

* the Victorian Government provides program funding, guidelines and support to plan and implement FReeZA 2019–2021
  + community organisations provide support for a group of young people to play an active leadership role in staging music, artistic and cultural events in their local community.

FReeZA 2019–2021 will provide grants to organisations to deliver between 6 and 15 events over three years in their local community.

# Submitting your application

**Applications, including any attachments, must be submitted via email to freeza@dhhs.vic.gov.au by Friday 15 June 2018.**

Late or incomplete applications will not be considered.

Receipt of applications will be acknowledged in writing via email.

# More information

If you wish to discuss your application for FReeZA 2019-21, or you have difficulties in submitting an application,

please contact the Office for Youth and Economic Inclusion Unit via

* email: freeza@dhhs.vic.gov.au
  + telephone: (03) 9096 1352 on weekdays between 9.00 am and 5.00 pm.

# Section 1: Contact information

## Part A: Applicant organisation details

### Name (required)

| Item | Answer |
| --- | --- |
| Legal name of organisation |  |
| Trading name of organisation |  |

### Australian Business Number (ABN) (if you have one)

| Australian Business Number (ABN) |
| --- |
|  |

### Type of organisation (required)

| Type of organisation | Mark with x or specify |
| --- | --- |
| Incorporated association |  |
| Local government |  |
| Other – please specify |  |

### Main address (required)

| Item | Answer |
| --- | --- |
| Street |  |
| Town or suburb |  |
| State |  |
| Postcode |  |

### Postal address (if different from main address)

| Item | Answer |
| --- | --- |
| Street |  |
| Town or suburb |  |
| State |  |
| Postcode |  |

### Authorised person

This is the person who is authorised by the organisation to make the application on their behalf.

| Item | Answer |
| --- | --- |
| Title (**required**) |  |
| Name (**required**) |  |
| Position |  |
| Email |  |
| Telephone |  |
| Mobile phone |  |
| Fax |  |

## 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. Provide their details in this section.

### Name

| Name of auspice organisation |
| --- |
|  |

### ABN

| Australian Business Number (ABN) |
| --- |
|  |

### Type of organisation

| Type of organisation | Mark with x or specify |
| --- | --- |
| Incorporated association |  |
| Local government |  |
| Other – please specify |  |

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

| Agreed to manage the grant on your behalf? (Yes or No) |
| --- |
|  |

### Address

| Item | Answer |
| --- | --- |
| Street |  |
| Town or suburb |  |
| State |  |
| Postcode |  |

### Postal address (if different from main address)

| Item | Answer |
| --- | --- |
| Street |  |
| Town or suburb |  |
| State |  |
| Postcode |  |

### Authorised person

| Item | Answer |
| --- | --- |
| Title |  |
| Name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Mobile phone |  |
| Fax |  |

## Part C: Project manager contact details

### Project manager’s details

| Item | Answer |
| --- | --- |
| Title |  |
| Name |  |
| Email |  |
| Telephone |  |
| Mobile phone |  |
| Fax |  |

### Postal address

| Item | Answer |
| --- | --- |
| Street |  |
| Town or suburb |  |
| State |  |
| Postcode |  |

# Section 2: Project overview

## Project details

### Type of grant (required)

Indicate the type of grant you are applying for.

| Type of grant | Mark with X |
| --- | --- |
| Regional provider: $73,500 (15 events over 3 years) |  |
| Regional provider: $57,600 (12 events over 3 years) |  |
| Regional provider: $35,235 (6 events over 3 years) |  |
| Metropolitan provider: $72,000 (15 events over 3 years) |  |
| Metropolitan provider: $58,800 (12 events over 3 years) |  |
| Metropolitan provider: $34,635 (6 events over 3 years) |  |

### Project name (required)

10 words or less. We will use this name on all correspondence.

| Project name |
| --- |
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### Project description (required)

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

| Project description |
| --- |
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## Where will the project be delivered?

Provide the address, Local Government Area (LGA) and region of where your project will primarily be delivered

### Address (required)

| Address where project will primarily be delivered |
| --- |
|  |

### Local Government Area (LGA) (required)

| LGA where project will primarily be delivered |
| --- |
|  |

### Region where the project will primarily be delivered (required)

| Region | Mark with X |
| --- | --- |
| Barwon South West |  |
| Gippsland |  |
| Grampians |  |
| Hume |  |
| Loddon Mallee |  |
| Eastern Metro |  |
| Northern Metro |  |
| Southern Metro |  |
| Western Metro |  |
| Statewide |  |

# Section 3: Project budget

## Income and expenditure

Please provide details of the income and expenditure of your project, **excluding GST**.

**Note: the total income must equal the total expenditure.**

Submit your budget using the categories provided. If you cannot provide enough details in this section, provide a summary here and the details on a separate sheet (or sheets) using the same categories.

### Income

| Income category | Income amount ($) |
| --- | --- |
| Amount of FReeZA grant funding requested (**required**) |  |
| 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 support from other sources |  |
| Other – specify: <insert> |  |
| **Total income (required)** |  |

### Expenditure

| Expenditure category | Expenditure amount ($) |
| --- | --- |
| Administration overheads |  |
| Training |  |
| Project coordination |  |
| Band or artist hire |  |
| Security and first aid |  |
| Venue or room hire |  |
| Equipment hire |  |
| Transportation |  |
| Marketing and promotion |  |
| Printing |  |
| Equipment and materials (general) |  |
| Salaries |  |
| Other – specify: <insert> |  |
| **Total expenditure (required)** |  |

# Section 4: Response to evaluation criteria

Applications will be assessed based on the responses to questions in the four evaluation criteria.

Ensure you **address all questions** listed in each of the four criteria:

* FReeZA program overview
* delivery
* youth participation
  + partners.

Limit your response for each question to no more than **500 words**.

## FReeZA program overview

### Overview of proposed FReeZA program

| Overview of proposed program, including aims, objectives, examples of events and benefits for young people |
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### Local community needs

| Describe the local needs for the program in your community – use statistics, data and consultations conducted with young people |
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### Evaluation processes

| Outline the evaluation processes you will establish to review events and improve the delivery of the FReeZA program in your community |
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## FReeZA program delivery

### Youth development and training activities

| What youth development and training activities will you provide for young people participating in the FReeZA community? |
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### Event management practices

| Outline the key event management practices you will implement for staging a FReeZA event, including pre-event planning, marketing and promotion, technical production and other event logistics |
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### Risk management processes

| What risk management processes will you establish to ensure the safety of young people at FReeZA events? |
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### Inclusiveness and accessibility

| Outline the strategies you will implement so that your FReeZA program and events are inclusive and accessible to all young people |
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## FReeZA program youth participation

### Supporting young people’s participation

| Describe how you will support young people’s participation in the planning and delivery of FReeZA events. List the key roles or activities that young people will undertake. |
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### Recruitment and retention

| What strategies will you put in place to recruit and retain young people on your FReeZA committee? |
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### Reward and recognition

| Describe how you will reward and recognise young people for their volunteering contribution to the FReeZA program |
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### Career development and pathways to other opportunities

| Describe how you will support young people’s career development and pathways into further education, training, employment or other volunteering opportunities |
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## FReeZA program partners

### Key community partners

| Who are the key partners in your community that will support the delivery of the FReeZA program? |
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### Role of partners

| Describe the role that each of these partners will play |
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### Management structures

| What management structures will your organisation establish to ensure the FReeZA program is delivered to a high standard, meeting all hey accountabilities and reporting requirements? |
| --- |
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# Supporting documents

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

| Document | Title |
| --- | --- |
| Document 1 |  |
| Document 2 |  |
| Document 3 |  |

# Declaration

**Note: The following declaration is to be signed by a person with delegated authority to apply, that is, Chairperson, Secretary, Public Officer or Treasurer.**

I state that the information in this application and attachments is, to the best of my knowledge, true and correct.

I will notify the Department of Health and Human Services (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 discussions regarding alternative grant funding opportunities.

I understand that DHHS is subject to the *Freedom of Information (FOI) Act 1982* and that, if an 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.

|  |  |
| --- | --- |
| Signature (required) |  |
| Date (required) |  |
| Name (required) |  |
| Position (required) |  |

To receive this publication in an accessible format, phone 03 9096 1352, using the National Relay Service 13 36 77 if required, or [email the Office for Youth and Economic Inclusion Unit](mailto:freeza@dhhs.vic.gov.au) <freeza@dhhs.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Available at [Youth Central’s FReeZA program page](https://www.youthcentral.vic.gov.au/get-involved/youth-programs-and-events/freeza-program) <https://www.youthcentral.vic.gov.au/get-involved/youth-programs-and-events/freeza-program>