Strong and Resilient Communities – Community Support – Small Grants for Volunteer Involving Organisations

Application Form

Please read all information in the <u>Grant Opportunity Guidelines</u> before completing this Application Form. All grant documentation is available on Volunteering ACT's website.

Application Help

If you require additional support to complete this Application Form or have any further questions relating to the grant program or this application process, contact your State/Territory volunteering peak body (VPB) at:

- grants@volunteeringact.org.au
- (02) 6251 4060

Privacy

We treat your personal information according to the <u>Privacy Act 1988</u> and the <u>Australian Privacy Principles</u>.

In submitting a grant application under this opportunity, you agree to VolunteeringACT collecting your personal information, including your name, contact details and role in your organisation, in order to assess your application and for the purpose of grant administration.

We may share the information you provide in your application, including personal information, with nominated personnel such as the selection panel, and the Department of Social Services.

Organisation Information

Applicant Details*

These are the details of the individual who will enter into a grant agreement on behalf of the organisation, should this application be successful. This must be an authorised signatory for the organisation (e.g. Chief Executive Officer, President,

Chairperson, Treasurer or Secretary).
You will be contacted on matters relating to the application. Please notify VolunteeringACT if your contact details change at any time.
Title:
Name:
Pronouns:
Position:
Phone:
Email:
Secondary Contact.* (Please nominate a contact other than yourself who has the authority to apply for this grant on behalf of the organisation. Please notify VolunteeringACT if these contact details change at any time)
Title:
Name:
Pronouns:
Position:
Phone:
Email:
Organisation Website, please note this is not a compulsory question, if you do not have a website and would like to add a social media page, please do so:
Organisation Legal/ Registered Name:* (What is the legal/ registered name of the organisation applying for funding?)
(The state of the
Is the organisation known by another name, e.g. its trading name?* — Yes — No
If "Yes", please state the trading name below.
Trading Name:

ABN
Please note, if you do not have an ABN please submit a Statement by Supplier Form here.
Organisation address:* (where project would be primarily delivered)
What type of services does the organisation provide?*
(Please tick all that apply)
☐ Aged Care
☐ Animal Welfare
☐ Arts and Heritage
☐ Community Services, Welfare and Homelessness
Cultural and Ethnic Groups
☐ Disability Services
Education & Training
Emergency Services and Disaster Relief
□ Environment
☐ First Nations
☐ Health
☐ Human Rights, Justice and Legal
☐ Mental Health
Religious, Faith-Based and Spiritual
☐ Sport and Recreation ☐ Young Bookle (Children and Youth)
☐ Young People (Children and Youth)
Other (Please specify)
In which geographical areas are services provided by the organisation's volunteers? * (Please tick all that apply)
Metro
☐ Regional
☐ Rural
Remote
- Hemote
Does the organisation provide volunteer programs that support:
(Please tick all that apply)
young people 12 to 18 years who are disengaged, or at risk of disengaging, from
education to reconnect with their community, school, training and/or
employment
people with disability and/or mental health conditions to participate in the
community, and work towards becoming or remaining independent and

engaged in the economy and/or	society		
women who experience, or are a	at risk of experiencing isolation or		
discrimination to participate in t	discrimination to participate in the community and/or economy and increase		
their self-agency			
	people who are unemployed to increase participation in their community and/or increase their capacity to engage in employment, training, or existing		
Eligibility			
Is the organisation a not-for-profit organisa	ation?*		
Yes			
□ No			
Please indicate the annual income of the o			
☐ Less than \$100,00			
□ \$100,000 - \$200,000			
3 \$200,000 - \$300,000			
300,000 - \$400,000			
□ \$400,000 - \$500,00			
☐ Greater than \$500,000			
Number of volunteers in the organisation	Number of paid employees in the organisation		
by headcount:	by headcount:		
Please Note:			
Unpaid board members should also be			
included. Volunteering is defined as time willingly given for the common good and			
without financial gain (Volunteering			
Australia 2015).			
Child Safe Eligibility			
If a proposed activity involves interaction with children, applicants must comply			
with the Australian Government's Child Safety obligations. At a minimum			
applicants must, in delivering the proposed activity, be compliant with all relevant			
state, territory and Commonwealth law rel			

Child-Related Personnel.

Please select the statement that best describes your organisation below and refer to the definitions in Annex 1 as required:			
 My organisation has contact with people under the age of 18 including: services directly supporting children activities that involve contact with children that is a usual part of, and more than incidental to, the grant activity. activities that involve possible contact with children that is irregular or unplanned. 			
OR			
My organisation does not have direct18	t contact with people under the age of		
If you are successful in the application process, you will receive a Child Safe Statement of Compliance form by email, which you will need to complete before funds are released.			
Grant Proposal			
Provide a short (up to 25 words) overview of the proposed project:			
What will the grant funding be used for? (Please Note: Examples of eligible items provided-please see Guidelines for more information).	 E.g.: Cultural workshops with your volunteers to understand the needs of, and support objective cohorts group/s Projects that improve accessibility to your organisation's services, for example accessibility upgrades to websites, or physical locations Training opportunities for volunteers to facilitate empowerment activities Engaging consultants to review policies and processes (such as recruitment and retention processes) to align with National Standards for Volunteer Involvement and the National Volunteer Strategy to promote inclusion of objective cohorts. Training opportunities for volunteer managers to improve the quality of volunteer programs e.g. building volunteer recruitment, engagement and 		

	retention to increase volunteer numbers.
	retention to mercuse volunteer numbers.
Selection Criteria	
Describe the expected outcomes of this project. This should include how this project will align with the National Standards for Volunteer Involvement and National Volunteer Strategy to promote inclusion of objective cohorts. (min. 150 words; max. 500 words)	
Describe how the project will build capacity of volunteers, volunteer managers and volunteer-involving organisations to improve volunteer programs and impact the cohorts identified in this grant. (min. 150 words; max. 500 words)	
How many people from each of the below (currently support?	Objective Cohorts does your volunteer program
Objective Cohorts	Number of people
Young people 12 to 18 years who are disengaged, or at risk of disengaging, from education to reconnect with their community, school, training and/or employment	
People with disability and/or mental health conditions to participate in the community, and work towards becoming or	

remaining independent and	
engaged in the economy and/or	
society	
Women who experience, or are at risk of experiencing isolation or discrimination to participate in the community and/or economy and	
increase their self-agency	
People who are unemployed to increase participation in their community and/or increase their capacity to engage in employment, training, or existing employment services.	
Location(s) of project activity	
Please list all locations where project activity will occur (specify postcodes).	
Timeline	
What is the timeline for this project?	Start Date:
(Please Note: All grant money must be spent by 30 May 2025).	End Date:
Budget (GST exclusive)	
Item Examples: staff salaries; training; hospitality costs etc.	Cost
TOTAL:	
Bank Account Details	1

Account Name:			
(Please note:			
Bank account name must align with the or	ganisation's name)		
BSB:	Account Number:		
Financial Institution:			
Declaration			
Do you or does the organisation have any potentially receiving funding through this a Yes No	y conflict of interest that may occur related to pplication process? *		
If Yes, please describe (in less than 150 worksubmitting this Application.*	rds) any conflicts of interest that may occur from		
Please read and complete the following de	claration:		
 I am an Authorised Signatory for the organisation on whose behalf I am applying. I have obtained the full knowledge and agreement of the organisation on whose behalf I am applying. The organisation on whose behalf I am applying will expend the funding provided on the items requested to benefit the volunteers of the organisation. The information contained in this form is true and correct. I have read, understood, and agree to abide by the Grant Opportunity Guidelines. If and where any personal details of a third party are included, that third party has been made aware of, and given their permission for those details to appear in this Application. I give consent to VolunteeringACT to make public the details of the Applicant and the funding received, should this Application be successful. I acknowledge that giving false or misleading information to VolunteeringACT/Department of Social Services is a serious criminal offence. Persons who do so may be prosecuted under Section 137.1 of the Commonwealth Criminal Code Act 1995. I understand that independent verification of the information I have provided in this application may occur. I consent to VolunteeringACT to contacting me in the future regarding this application. 			
☐ I understand and agree to the decla	ration above.*		

Full name of Authorised Officer:*

Position of Authorised Officer:*	
Date:*	

Submission Note:

Thank you for submitting your application for the Strong and Resilient Communities – Community Support – Small Grants for Volunteer Involving Organisations activity. You will receive an email to confirm the receipt of your application. If you do not receive a confirmation email, please contact grants@volunteeringact.org.au or (02) 6251 4060

Your application will be assessed against the criteria specified in the Grant Opportunity Guidelines, and you will be notified of the outcome of your application by 25 November 2024.

Annex 1: Definitions of criteria to determine level of interaction for Child Safe Compliance

- a. **Direct contact** is where there is direct access to a child, such as through care, training, counselling, consultation, administering medication; or as an employee or volunteer at the organisation, regardless of the level of employee supervision. For example:
 - providing early childhood learning services to children, either face to face or online
 - providing telephone counselling services to primary school aged children
 - teaching children to abseil at an outdoor mentoring program
 - delivering online or face to face music therapy sessions to children with autism.
- b. **More than incidental to the activity** is contact or interaction with children as part of the activity that is more than irregular or unplanned and could occur if grant personnel are likely to be, for example:
 - physically touching a child
 - building a rapport with a child as an integral and ordinary part of performing the activity, or having contact with multiple children.
- c. **Incidental contact** happens in connection with, or resulting from, the main purpose of the activity that required the contact. It can be interpreted as contact that is likely to be irregular or unplanned, arising as a chance or minor consequence. For example:
 - a plumber fixes a blocked drain at a junior sports club where children are training
 - a child or children accompany their parents to an appointment at a consumer law centre where the parents are discussing problem gambling matters with a consumer lawyer and the child or children are in the same room.¹

¹ In these examples, the contact is not part of the usual work of the plumber or consumer lawyer, but is incidental to their duties.