

Alice Springs Youth Activities 2018-19

Grant Funding Application Form

Please read the Grant Funding Guidelines before completing your application.

Purpose of the Alice Springs Youth Activities Grant Funding

The Alice Springs Youth Activities Grant Program is seeking applications from organisations and community groups to deliver fun and meaningful engagement programs that will connect young people at risk to existing support services. Priority will be given to activities which focus on young people aged 10 to 17 years.

Funding will commence on 1 November 2018 and continue until the 31 October 2019.

| Applicant An application submitted by a 'lead organisation' as the applicant is required for a partnership or consortium working in collaboration. | |
|--|--|
| Legal Name of (Lead) Organisation: | |
| Trading Name: | |
| CEO or equivalent name/Position Title: | |
| Contact Number/s: | |
| Email Address: | |
| Postal Address: | |
| | |
| Contact Person/Position Title: | |
| Contact Number/s: | |
| Email Address: | |
| Postal Address: | |
| Is your organisation registered for GST? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Australian Business Number: | |
| Aboriginal Corporation Number (if applicable): | |
| Date of Incorporation under the Associations Act: | |
| Do you have Public Liability Insurance? | Yes <input type="checkbox"/> Amount: \$ |

Proposed Activity Outline

Applications can request funding for between \$3,000 and \$50,000.

Small grants are those considered between \$3,000 and \$20,000 and may be for a new activity, series of activities offered after-hours, evenings, weekends or school holiday periods.

Large grants of over \$20,000 should be for activity programs, these are suitable for organisations and community groups who can deliver activities in collaboration with other service providers, community groups and include support for vulnerable young people.

| About your application | | |
|--|---|---|
| <p>If this is a collaborative application, list the name of the key organisation/s and/or community groups involved in the partnership/collaboration.</p> <p>Please attach a letter or email from each key organisation/group confirming their intended participation and commitment to the proposed service delivery. <u>This is an eligibility requirement.</u></p> | | |
| <u>Organisations/local government</u> | <u>Community groups</u> | |
| <p>What is the total funding you or your partnership/consortium are requesting? Please be aware only applications for grants requesting up to \$50,000 will be accepted.</p> | | <p>\$ (GST exclusive)</p> |
| <p>What type of grant are you applying for? Please tick one or more of the appropriate boxes below.</p> | | |
| <p>Single activity/event</p> <input type="checkbox"/> | <p>Regular series of activities</p> <input type="checkbox"/> | <p>Program of activities</p> <input type="checkbox"/> |
| <p>School holiday</p> <input type="checkbox"/> | <p>After-hours/Evening</p> <input type="checkbox"/> | <p>Weekends</p> <input type="checkbox"/> |
| <p>At what site will your proposed activity be conducted?</p> | | |
| <p>A centre-based site</p> <input type="checkbox"/> | <p>A mobile site</p> <input type="checkbox"/> | <p>Combination of centre and mobile</p> <input type="checkbox"/> |

Please estimate the total proposed expenditure across key areas of administration, staff and activities and attach a proposed budget.

Funding Selection Criteria

All applications must address the **essential** selection criteria below. Applications for \$20,000 or more must address the **desirable** selection criteria. Funding applications of less than \$20,000 can, but are not required to address the desirable criteria.

| Essential Selection Criteria | |
|--|--|
| <p>1) Describe the proposed youth activity or program. Provide as much detail as possible including proposed dates, time, location/s and attach supporting information if needed.</p> <p>Please provide details and justification of your target youth group and how many young people are anticipated to attend your activity/program.</p> | |
| <p>2) Describe how your proposed youth activity or program will be accessible, appropriate and able to effectively engage at-risk, disengaged and disadvantaged young people.</p> | |
| <p>3) Describe how your organisation/consortium is committed to involve young people in the planning, implementation and evaluation of activities and programs.</p> | |
| <p>4) Describe how your organisation/consortium will collect information on the effectiveness and experiences of young people in relation to your proposed activity or program, to ensure continuous program improvement.</p> | |

Desirable Selection Criteria

1) Describe how your proposed youth activity or program will show commitment to youth development and referral pathways for vulnerable young people to appropriate youth services.

2) Provide evidence of your organisation/consortium’s capacity to collaborate with other providers, services, agencies and community groups.

3) Describe how your organisation/consortium will scale your proposed youth activity or program to meet the conditions of the local community, responding to peak times and needs.

Financial details and in-kind support

Provide a detailed budget on what the grant funding will be utilised for, using the SCOA excel template available at www.youth.nt.gov.au/youth_grants.html or by request. (GST exclusive)

SCOA attached

Yes

Will your organisation provide in-kind support to complement this service that is not detailed elsewhere in this application?

E.g. financial, administration, volunteers, catering, transport, promotion, youth advisory group, venue/use of facilities.

If this application is a partnership/consortium arrangement what kind of in-kind support will the partners/collaborators offer to this service that is not detailed elsewhere in this application?

E.g. financial, administration, volunteers, catering, transport, promotion, youth advisory group, venue/use of facilities.

Estimate how the total proposed funding budget would be shared across identified partners/collaborators (if relevant).

Partner/Collaborator:

Partner/Collaborator:

Does your organisation/consortium receive funding from another funding program or source that is relevant or complementary to your application? Please provide brief details or use the table below:

| <u>Funding body</u> | <u>Funding program</u> | <u>Your funded program/project</u> | <u>Funding amount/period</u> |
|---------------------|------------------------|------------------------------------|------------------------------|
| | | | |

Acknowledgment

I acknowledge that I have read and understood the Alice Springs Youth Activities Grant Guidelines. I understand that submission of an application here does not guarantee funding, and is dependent on a local assessment panel.

I understand Territory Families is committed to local decision making. If my grant application is successful for the 2018-19 Alice Springs Youth Activities, I will commit to collaborating with the Regional Youth Services Coordinator Leon Tripp in planning and implementing the proposed activity.

Yes, I accept this acknowledgement

No, I do not accept this acknowledgement

Authorisation

I certify, as an authorised representative of this organisation or community group that the information given in this application is true and correct and I understand that should this application be successful, some of the information may be used for promotional purposes.

| | | | |
|--------------------------------------|--|------------------|--|
| Signature: | | Date: | |
| Printed Name: | | Position: | |
| Organisation/Community Group: | | | |

| | | | |
|------------------------------|--|------------------|--|
| Witness Signature: | | Date: | |
| Witness Printed Name: | | Position: | |

Submitting your application

Checklist - have you:

- completed all questions
- signed and completed the authorisation
- kept a copy of all documentation for your records
- attached written confirmation of collaboration from other organisations/community groups
- attached a copy of detailed budget plan in the SCOA template

Applications should be emailed by **COB 20 September 2018** to leon.tripp@nt.gov.au and tf.oya@nt.gov.au or alternatively, you may post to:

Grants Officer, Office of Youth Affairs, Territory Families, PO Box 37037, WINNELLIE NT 0821.

If you have any queries, please call the Office of Youth Affairs on (08) 8999 3862 between 8:00am and 4:00pm, Monday to Friday or email tf.oya@nt.gov.au.

Privacy Notice

Territory Families is collecting the information on this form to ascertain whether or not the application meets the **Alice Springs Youth Activities Grant** eligibility and Funding Guidelines. If you do not provide all the information requested, we may be unable to process your application for funding.

If this application is successful, some of the information may be provided to the Office of the Minister for Territory Families, Territory Families, Media Organisations, Youth Organisations, Local Government and young people for the purpose of promoting your activity.

If at any stage you need to update your contact information, please provide this by email to tf.oya@nt.gov.au.