

# Youth Access Grant: Get Involved Application Form

## Form Preview

### Introduction

#### Before Completing this application

1. Please refer to the Youth Access Grant Guidelines
2. If required, discuss your project with Youth Development and Planning Officer on [clare.griffin@portphillip.vic.gov.au](mailto:clare.griffin@portphillip.vic.gov.au)

#### Completing the application

- Save regularly to avoid losing your work you can return and work on the application any time prior to submission.
- Navigate the form by clicking **Next Page** or **Previous Page** or using the index list.
- Having trouble answering a question? Look below each question for hints to help you answer the question.
- If submitting multiple applications, consider having general information e.g. description about your organisation in a word document to cut and paste into each application.
- When you submit the application, you will receive a confirmation email with a PDF copy of the submitted application.
- After submission, changes can not be made to the application.
- After submission, you can also return to **<https://portphillip.smartygrants.com.au>** at to view a copy of the submitted application.

#### Documentation required to be uploaded in this form:

- Quote for the cost of the activity

### Eligibility

\* indicates a required field

#### Eligibility Checklist

**- The participant must be between the age of 12 to 18 and live in the City of Port Phillip. \***

☐ Yes

☐ No

If you answered **No** to the above eligibility question please do not proceed with this application. If you have any questions please contact Youth Development and Planning Officer on [clare.griffin@portphillip.vic.gov.au](mailto:clare.griffin@portphillip.vic.gov.au)

#### Child Safe Standards

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The City of Port Phillip has zero tolerance for child abuse and we are a committed Child Safe organisation. Our commitment is to ensure that a culture of child safety is embedded across our community to safeguard every child and young person accessing City of Port Phillip. All grant applications that work directly with children and young people are required to comply with legislation and regulations relating to child safety including but not limited to the *Working with Children Act 2005* and the *Working with Children Regulations 2016* and the Victorian Child Safe Standards (CSS) .

All grant applications that work directly with children and young people that are not compliant with the [Victorian Child Safe Standards](#) or be actively working towards compliance to the satisfaction of the Commission for Children and Young People, will not be eligible to receive funding under the Community Grant Program. For more information on the Victorian Child Safe Standards please refer to the above link.

For more information on how CoPP is creating a child safe Port Phillip please call Samantha Neville, Child Safe Standards Project Officer on 9209 6746 or [samantha.neville@portphillip.vic.gov.au](mailto:samantha.neville@portphillip.vic.gov.au)

## Applicant Details

\* indicates a required field

**Organisation Name: \***

Organisation Name

**Primary Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Phone Number: \***

Must be an Australian phone number.

**Primary Website**

Must be a URL.

**Name of contact person \***

First Name

Last Name

**Position held within organisation \***

**Contact Telephone \***

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**Email Address \***

**Are you applying as \***

☐ An Incorporated Organisation

☐ An Organisation or Group with an Auspice

### Incorporated Organisations

**ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Auspice Organisation Details

\* indicates a required field

**Auspice Organisation \***

Organisation Name

**Auspice Postal Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Has the Auspice Organisation agreed to manage the grant? \***

☐ Yes

☐ No

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**Signed certification letter from Auspice Organisation \***

Attach a file:

**Auspice Contact Person \***

First Name	Last Name
<div></div>	<div></div>

**Auspice Contact Person Position \***

**Auspice Contact Person Office Phone Number \***

Must be an Australian phone number.

**Auspice Contact Person Office Email \***

Must be an email address.

**What is the auspice's Australian Corporation Number (ACN) \***

Must be an ACN <https://abr.business.gov.au/>

**Auspice ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

## Recreation Activity Details

\* indicates a required field

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**Brief description of recreational activity: \***

Word count:

Must be no more than 30 words. Please provide a brief project description that if successful we can use it to promote your project. Please include: who, what, where and when in this description.

**Where will the proposed recreation activity take place? \***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Online                    | <input type="checkbox"/> Port Melbourne              | <input type="checkbox"/> St Kilda                    |
| <input type="checkbox"/> Albert Park / Middle Park | <input type="checkbox"/> South Melbourne             | <input type="checkbox"/> Whole of Port Phillip       |
| <input type="checkbox"/> East St Kilda / Balaclava | <input type="checkbox"/> St Kilda Road Neighbourhood | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Elwood/ Ripponlea         |  |  |

If your project is taking place outside of the municipality please type the suburb in 'other'

**Recreation Start Date \***

Must be a date and no earlier than 1/9/2020.

**Recreation Activity End Date \***

Must be a date and no later than 1/11/2021.

## Participant Details

**Participant's name**

**What is the age of the young person?**

- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18

**Please tick any of the following categories that apply to the young person:**

- ☐ experiencing financial disadvantage
- ☐ living in social housing
- ☐ Aboriginal and Torres Strait Islander
- ☐ CALD backgrounds
- ☐ living with a disability
- ☐ diverse genders

**What are the top two expected benefits for the young person?**

up to 100 words

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### Why is this activity needed?

Up to 100 words

## Project Budget

### Cost of recreational activity

Your project budget should include details of the proposed activity.

Cost	\$
	Must be a dollar amount.
	\$
	\$
	\$

### Recreation Activity Quote

#### Please attach the recreational activity quote:

Attach a file:

## Declaration

\* indicates a required field

I certify that all details supplied in this application form and in the attached documents are true and correct to the best of my knowledge. I have read the Youth Access Grants Program Guidelines and understand the information contained within it forms part of the conditions of payment if this application is successful. I agree to contact the City of Port Phillip in the event that any information regarding this application changes or is found to be incorrect.

#### Declaration of Contact Person \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Do you agree with the above statement

☐ I agree

The personal information requested on this form is being collected by the council for the Youth Access Grants Program. The personal information will be used solely by the council for that primary purpose or directly related purposes. If this information is not collected the application will not be considered eligible, and therefore will not be considered during the assessment process.

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The applicant understands that the personal information provided is for the verification of Youth Access Grants Program application and correspondence purposes and that he or she may apply to the council for access to and/or amendment of the information.

### Applicant Feedback

\* indicates a required field

**How did you hear about the Youth Access Grants Program? \***

- ☐ School / Community Organisation
- ☐ Council
- ☐ Word of Mouth
- ☐ Email / Newsletter from City of Port Phillip
- ☐ E Bulletin
- ☐ Other:

**How can Youth Access Grants Program be improved?**

Word count:

Must be no more than 50 words.

**Any other comments?**

Word count:

Must be no more than 50 words.