

# Youth Access Grant: Recreation Programs Application Form

## Form Preview

### Introduction

#### Before Completing this application

1. Please refer to the Youth Access Grants Program Guidelines
2. If required, discuss your project with the 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:

- **Public Liability Insurance Certificate of Currency**
- Recent **Profit and Loss Statement**
- If you are applying through an Auspice Organisation you will need a **signed certification letter from the Auspice**

### Eligibility

\* indicates a required field

#### Eligibility Checklist

**Are you an incorporated legal entity or auspiced by an incorporated entity? \***

☐ Yes ☐ No

**Are you able to demonstrate financial viability? \***

☐ Yes ☐ No

You will need to provide a copy of your most recent annual report or annual statement/ financial statement submitted to Consumer Affairs

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### Do you have appropriate insurance for this project? \*

☐ Yes

☐ No

Including but not limited to, public liability, personal volunteer accident insurance, professional indemnity etc.

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

## Child Safe Standards

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)

### Will your program or activity work directly with children and young people? \*

☐ Yes

☐ No

### Does your program / activity comply with the Victorian Child Safe Standards? \*

☐ Yes

☐ No

### Is your program actively working towards compliance to the satisfaction of the Commission for Children and Young people? \*

☐ Yes

☐ No

If you answered **No** to either of the above two questions unfortunately you are ineligible for funding under the Community Grants Program.

## Applicant Organisation Details

\* indicates a required field

### Applicant Organisation \*

Organisation Name

### Primary Address \*

Address

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

**Postal Address \***

**Address**

  

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

**Applicant Organisation  
Phone Number \***

Must be an Australian phone number.

**Primary Website**

Must be a URL.

**Provide a brief  
description of your  
organisation? \***

Word count:

What is its core business? 100 words or less

**Name of contact person \***

**First Name**

**Last Name**

**Position held within  
organisation \***

**Contact Telephone \***

**Email Address \***

**Does your organisation  
comply with the  
following Australian and  
Federal legislation? \***

- ☐ Accounting and Auditing Requirements
- ☐ Equal Opportunity and Anti-Discrimination Laws
- ☐ Human Rights Laws
- ☐ Privacy, confidentiality and Freedom of Information Laws
- ☐ Registration or Accreditation of Professional Employees
- ☐ Preparation and Dissemination of Annual Reports
- ☐ Child Safe Standards

You may tick multiple answers. Please tick those that apply.

**Are you applying as \***

☐ An Incorporated  
Organisation

☐ An Organisation or Group  
with an Auspice

Incorporated Organisations

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**What is your organisation's Australian Corporation Number (ACN) \***

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

**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

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

Attach a file:

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**Auspice Contact Person \***

First Name

Last Name

**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

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

## Partnerships

\* indicates a required field

**Name of partnership organisation? \***

**How will the organisations work together to achieve the program goals? \***

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Word count:

Must be no more than 100 words.

**What are the terms of the partnership? \***

Word count:

Must be no more than 100 words.

## Recreation Program Details

\* indicates a required field

**Project Title \***

**Brief description of the program: \***

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 project / program primary activities 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'

**Program Start Date \***

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

**Program End Date \***

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

## Recreation Program Proposal

\* indicates a required field

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**Please provide an overview of the program: \***

Word count:

Must be no more than 200 words.

For example: what, when, who, why, where and how

**What are the top three expected outcomes for young people? \***

Word count:

Must be no more than 100 words.

Outcomes are what you aim to achieve

**What are the top three expected benefits the program will deliver to young people? \***

Word count:

Must be no more than 100 words.

**What strategies will you use to engage young people to participate in the program whilst adhering to COVID-19 restrictions? \***

Word count:

Must be no more than 100 words.

**Demonstrated need for the project**

**Why is this program needed? How did you identify this need? \***

Word count:

Must be no more than 100 words. Have you consulted with the community? How does your project link to Council's priorities?

**What is the age range of the program participants?**

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

Please tick all the ages that apply.

**How were young people consulted and involved in the design of the program? \***

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**Tick if the program is tailored to engage any of the following young people: \***

- ☐ experiencing disadvantage
- ☐ Aboriginal and Torres Strait Islander people
- ☐ CALD backgrounds
- ☐ living with a disability
- ☐ diverse genders

## Environmental Sustainability

**How have you designed your project so it will improve our environment by measurably reducing waste, energy use and or water? \***

Word count:

Must be no more than 100 words.

## Council Priorities

\* indicates a required field

Please indicate which of the following Council Priorities the project aligns with. You may select more than one.

**DIRECTION ONE: We embrace difference, and people belong.**

**A safe and active community with strong social connections.**

☐ Supporting programs that create social connections and strengthen community networks ☐ Building community capacity by harnessing the knowledge, expertise and spirit within our community ☐ Supporting programs that reduce the harms associated with alcohol and other drug use, family violence and enabling all people to reach their health potential

**Access to services that support the health and wellbeing of our growing community.**

☐ Facilitating access to relevant services that cater for all ages and life stages ☐ Exploring partnerships and innovative ways of delivering services

**Community diversity is valued and celebrated.**

☐ Supporting programs and events that engage, honour and are inclusive of our diverse social and cultural communities ☐ Building community capacity to support vulnerable members of our community, emphasising prevention and early intervention ☐ Protecting and promoting Aboriginal culture and heritage, and continuing reconciliation with our indigenous community

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**How will the project align with the funding priorities selected? \***

Word count:

Must be no more than 100 words. Describe how your project aligns with the Council Priorities selected.

## Planning and Management

\* indicates a required field

### Project Planning

**Outline similar programs you have delivered and comment on their success: \***

Word count:

Must be no more than 100 words.

**How will the program be planned, managed and implemented whilst adhering to COVID-19 restrictions? \***

Word count:

Must be no more than 100 words.

### Milestones

**Please outline the top three milestones of the project/program.**

**Milestone 1 Name \***

Example Planning; Major Activities; Evaluation

**Milestone 1 Description \***

Brief overview no more than 50 words.

**Milestone 1 Expected Completion Date \***

**Milestone 2 Name \***

Example Planning; Major Activities; Evaluation

**Milestone 2 Description \***

Brief overview no more than 50 words.

**Milestone 2 Expected Completion Date \***

**Milestone 3 Name \***

Example Planning; Major Activities; Evaluation

**Milestone 3 Description \***

Brief overview no more than 50 words.

**Milestone 3 Expected Completion Date \***

### Evaluation

**How will you know whether you have achieved the program aim and outcomes? \***

Word count:

Must be no more than 100 words.

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### Economic Sustainability

**If the program is ongoing, what other income strategies are you exploring? \***

Word count:

Must be no more than 100 words.

Strategies includes other income streams and in-kind contributions. This is a 'non cash' contribution made by the applicant that can be allocated a financial value, For example volunteer services, venue, transportation etc.

### Project Budget

\* indicates a required field

#### Grant Request

Your project income budget will include details of all proposed project income

Applicants will then specify which items of expenditure City of Port Phillip grant money will be used for.

There are many resources that can help you with writing a budget including Our Community [Website](#)

**Total cost of this program: \***

\$

Must be a dollar amount

**Funding sought from Youth Access Grant Program: \***

\$

Must be a dollar amount and no more than 20000.

**What is the minimum granted amount required for the programs viability? \***

\$

Must be a dollar amount.

**If your organisation is offered a grant less than the amount you have requested would you be able to proceed with the program? \***

☐ Yes

☐ No

**If yes, please discuss any areas where program costs and/or outcomes may vary:**

Word count:

Must be no more than 100 words.

If No please advise not applicable.

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**Does your program involve volunteers? \***

☐ Yes

☐ No

### Volunteers

**Total estimated number of volunteer hours:**

Must be a number.

**Total value of volunteer contribution:**

\$

This number/amount is calculated.

\$28 per hour. Volunteer hours are to be included as in-kind contributions in both the income and expense budgets

**In kind contributions: What is your organisation's contribution to this program? \***

Word count:

Must be no more than 100 words.

In-kind contribution is the 'non cash' contribution made by the applicant that can be allocated a financial value, e.g. a venue, transportation etc. In-kind contributions are to be listed in the income and expenditure budgets.

### Project Income

Please list all income, including funding sought from CoPP and in-kind contributions for this project.

Income	\$
Please indicate if any other income is confirmed (C) or not confirmed (NC)	Must be a dollar amount.
	\$
	\$
	\$

### Expenditure - City of Port Phillip Grant Funding Only

Please list only the items and amounts you intend to spend **City of Port Phillip grant funding on**. Other project expenditure to be provided in the next section

- If successful this table will be included in your grant agreement.
- Please provide a clear breakdown of items for example

✓ promotional costs \$2,000

✓ excursion fees \$1,000

✓ transport costs \$1,500

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

### Expenditure - Other Funding

Please outline other project costs that will be incurred but you will not spend City of Port Phillip grant funding on

Expenditure	\$
	\$
	\$
	\$

### Budget Totals

The below totals are calculated from figures you have entered above.

#### Income - Expenditure = Balance

- The balance must equal 0 or you will not be able to submit. If your balances are not 0 please check your figures.

#### Income

Total Income

\$

This number/amount is calculated.

#### Expenditure

Total Expenditure

\$

This number/amount is calculated.

#### Balance

Balance

\$

This number/amount is calculated.

## Application Checklist

\* indicates a required field

Please upload the following information relating to your organisation:

**Most recent annual report or annual statement/ financial statement submitted to Consumer Affairs \***

Attach a file:

**Public liability insurance certificate \***

Attach a file:

**Any other relevant insurance such as volunteer insurance,**

Attach a file:

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**professional indemnity  
etc.**

**Signed certification  
letter from Auspice  
Organisation (if  
applicable)**

Attach a file:

**Brochures (if available)**

Attach a file:

**Any other  
documentation  
supporting the  
application.**

Attach a file:

**Successful applicants  
from last year are  
required to complete  
and return a Project  
Status / Acquittal Form  
for each project. Have  
you done this? \***

☐ Yes

☐ No

☐ Not applicable

**Has an authorised  
person from the  
applicant organisation  
approved the application  
form? \***

☐ Yes

☐ No

## 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 and that the application has been submitted with the full knowledge and agreement of the management/committee of the applicant organisation.

I have read the Youth Access Grant: Recreation Programs 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

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**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 Grant: Recreation Programs. 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 Youth Access Grant: Recreation Programs application will not be considered eligible, and therefore will not be considered during the assessment process. The applicant understands that the personal information provided is for the verification of Youth Access Grant: Recreation Programs application and correspondence purposes and that he or she may apply to the council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Information Privacy Officer.

## Applicant Feedback

\* indicates a required field

**How did you hear about the Youth Access Grant: Recreation Programs? \***

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

**How can Youth Access Grant: Recreation Programs be improved?**

Word count:

Must be no more than 50 words.

**Any other comments?**

Word count:

Must be no more than 50 words.