



Tracking Code: **LZZ8T4T**

Volunteer Grants 2016

Application Information

Closing Date/Time

Applications must be submitted by **5:00pm AEDT on Tuesday 20 December 2016**.

Application Pack

Read all information in the Application Pack before completing this Application Form. The Application Pack is available on the [Department of Social Services \(DSS\)](#) website.

Application Help

Demonstration purposes only

Information about the Application process is available on the [Community Grants Hub](#) website. Applicants must submit any questions relating to the Program or this Application process in writing to grants@dss.gov.au. Applicants may submit these questions up until 10 Business Days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any requests for general enquiries, technical help or support in using and/or submitting the Application Form by

- phone 1800 020 283
- email to grants@dss.gov.au

Attachment Limits

This Application Form has been set up to allow users to attach files within the form. The maximum size available for individual attachments is no larger than 2MB and the form will not accept individual attachments above this size. In some areas of the form there are limits to the numbers of attachments being entered in a particular section.

Please read individual question instructions carefully to be informed of these limits. The total size of all of the attachments combined in the form will not be allowed to exceed 15MB. Please plan to modify your attachment files accordingly if necessary.

Sharing this Form

Please note that more than one person should not be accessing this form at the same time.

If this is done then there is a risk that information may be lost in the form and all information will not be transferred in submission.

If you wish to share this form and the access details, please ensure that only one user at a time is accessing and saving information. I.e. one person needs to have completed their updates and have saved and exited the form prior to another starting on their updates in the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following electronic submission, a message with your Submission Reference ID will appear on your screen. An email will be sent to the main email contact provided in the Application Form. A function is also available on the submission page to allow you to send a receipt email to the address of your choosing. Please save this email receipt for future reference and use it in all correspondence about this Application.

Note: Applications will be assessed using the process outlined in the Application Pack and Program Guidelines. The Department will notify all Applicants of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

NRS is used to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800 555 677 to access the NRS.

Privacy

The Department uses an integrated Smartform service assisted by the Department of Industry, Innovation and Science on www.business.gov.au.

If you are providing information to access a non-Department of Industry, Innovation and Science programme, that information will not be accessed by Department of Industry, Innovation and Science employees. The only exception to this is where Senior Analysts within the Department of Industry, Innovation and Science require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

For more information about how the Department of Industry, Innovation and Science protects your privacy and personal information, please see the www.business.gov.au and [Department of Industry, Innovation and Science's Privacy Policy External Site](#). [Community Grants Hub Privacy Policy](#) and [Community Grants Hub WCAG Accessibility](#) Information on the Department website should also be read and understood.

Use of Information

Your Submission Reference is:

LZZ8T4T

Please note that your saved form, if not updated or submitted within a set period of time, will be deleted.

Please 'Send yourself a reminder email' below. This email details the date and time your form will be deleted, the Submission Reference number, a link to access your saved form and information on how to contact us for further assistance.

Your email address *

Name.Name@email.com.au

Use of Information

Volunteer Grants 2016 may use the information, other than personal information, provided in this Application Form to assist Volunteer Grants 2016 to:

1. comply with the Australian Government requirement to publish the details of all grant recipients on the Volunteer Grants 2016 website,
2. inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that programme, and/or
3. inform future assessments for Applications.

You can only apply if you agree to Volunteer Grants 2016 using the information (not personal information) you provide in this form for the purposes listed at 1), 2) and 3) above.

Check this box if you agree to the Department of Social Services using the information (not personal information) you provide in this Application Form.

I agree *

Details of the organisation

What type of entity is the organisation? *

Note: An organisation that is not a legal entity is not eligible to apply. If a volunteer based community group is not a legal entity, an individual representing it can apply on its behalf.

You must select one option only.

If you are not sure about the organisation's legal entity status, consult your treasurer or Financial Officer or refer to the Australian Business Register website for further information.

- Incorporated Association
- Incorporated Cooperative
- Aboriginal Corporation
- Australian Private Company
- Australian Public Company
- Organisation established through a specific piece of Commonwealth or State / Territory legislation that empowers them to enter into legally binding contracts to undertake the Activity
- Partnership
- Trustee on behalf of a Trust
- Individual representing a volunteer based community group

Does the Applicant have an Australian Business Number (ABN)? *

Does the Applicant have an Australian Business Number (ABN)? Mandatory. For further details refer to <http://www.abr.business.gov.au/>.

- Yes
- No

If Yes, provide the Applicant's ABN and ABN Branch Number (if applicable)

Enter your ABN into the Australian Business Number (ABN) field and click the Validate ABN button to retrieve your registration details.

Australian Business Number (ABN) *

Enter the ABN Branch Number relevant to the Applicant's ABN, if applicable. This is limited to 3 digits.

ABN Branch Number

Legal/registered entity name *

If you have Trading/Business Names registered, you can select the relevant Business Name. If you have not registered your Business Name, you can either select "Same as Legal Entity" or "Other" in the "trading name/business name" field. If "Other" is selected, you will be asked to provide the Applicant's trading/business name in another field that will become available.

Date of registration of ABN

Australian Business Register (ABR) provided Entity Type

Does the organisation have any form of Incorporation Number (ARBN, ACN, Registration Number or ARTS confirmed ICN)? *

Yes

No

Incorporation Number *

State/Territory *

1234567

ACT

Is the organisation a registered Indigenous corporation? *

Yes

No

What is the legal entity name of the organisation that will enter into a Grant Agreement with the Department? *

Is the organisation known by another name, e.g. trading name? *

Yes

No

Enter your trading name *

ABC Workforce

Is the organisation not-for-profit? *

Yes

No

What is the organisation's registered business address?

What is the registered business address and main contact details of the Applicant? The business address must be completed in full and not be a PO Box. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601 Note: the address fields accept the characters of A to Z, 0 to 9, () . , ' & - / \ @, all other characters including carriage returns are not accepted.

Floor / Building; Unit; Apartment

Street number, name and type *

Suburb/Town *

State *

Postcode *

Address Validated

Main Telephone *

0312345678

Main email address *

Name.Name@domain.com.au

Web address

Nominate two contact persons of the legal entity for this application.

These contacts must have authority to act on behalf of the organisation. These are the people who will be contacted for matters regarding the application. Please notify the Department, in writing, if the nominated contacts and/or contact details change at any time.

Contact Person 1

Title *

Given name *

Last name *

Position in Organisation *

Email Address *

Confirm Email Address *

Telephone *

Mobile *

Contact Person 2

Title *

Given name *

Last name *

Position in Organisation *

Email Address *

Confirm Email Address *

Telephone *

Mobile *

Is the organisation GST-registered? *

To be registered for GST the organisation must have a valid ABN specified above

Yes

No

Is the Organisation ATO Charity Registered? *

For further details refer to <http://www.acnc.gov.au/>.

Yes

No

About the organisation

About the organisation/community group working directly with the volunteers

What is the primary location of the organisation's/community group's volunteering activity?

Provide the actual physical address where the volunteers are most active and do most of their volunteer work (at the service delivery level). This address may be different from the organisation's/community group's business address. If activities are undertaken in an environmental location; this address must be provided such as street, community hall, church, showground, park, reserve, etc.

Note: The response must identify the physical location of the primary volunteering activities (PO Box is not sufficient).

Tip: If the activity is undertaken in a community hall, this address must be provided.

Floor / Building; Unit; Apartment

Street number, name and type *

Suburb/Town * State * Postcode * **Address Validated**

Is the organisation's/community group's volunteering activity located in an area affected by a major natural disaster that occurred in the last 12 months? *

Yes

No

Does the organisation/community group consider itself to be Indigenous? *

Yes

No

Are any of the organisation's/community group's volunteers in the following categories?

- Indigenous Australians
- People with disability or mental health issues
- From a culturally and/or linguistically diverse background

- Unemployed
- Under 25 years of age

Is the role of the organisation/community group to assist any of the following groups of individuals?

- Unemployed people
- Families and children/young people experiencing multiple sources of disadvantage and/or at risk of long term disadvantage
- Homeless people
- Children and families at risk of harm, violence, abuse and/or neglect
- People with disability or mental health issues and their carers
- Indigenous Australians
- Vulnerable new migrants and refugees
- Older Australians

What is the approximate yearly operating budget of the organisation/community group? *

- \$20,000 or less
- \$20,001 to \$50,000
- \$50,001 to \$100,000
- \$100,001 or more

Select the option that best describes the type of work of the organisation/community group . *

- Sport / Recreation
- Education / Training
- Community / Welfare
- Youth
- Health
- Arts / Culture
- Child Welfare
- Environment
- Emergency Services
- Other

Nominated bank account

The bank account nominated will be directly credited should this application be successful under Volunteer Grants 2016.

The funding will only be paid into a bank account in the name of the applicant at Q4. The Department will not make payments to third parties, individuals or personal bank accounts.

Details should include a 6-digit BSB, an account number between 2 and 9 digits and the correct account name. The Account name must clearly relate to the name of the organisation applying for funding. Do not provide personal, an individual's or another organisation's bank account details.

Provide the bank account details of the legal entity *

Account name *

ABC Workforce

BSB number (without space or hyphen) *

123456

Account number (without space or hyphen) *

123456789

Requested Items

Volunteer Grants funding can be used as a contribution towards buying small equipment which is used by volunteers. It can be used to pay for fuel or for transport for volunteers with a disability who cannot drive. It can also be used to pay for training courses or background screening checks for volunteers.

Grant funding can only be used to buy eligible items. Refer to the Volunteer Grants 2016 Application Pack for information about eligible items.

Applicants are required to select the Item Category that matches the item they want to buy. A list of Item Categories and examples of the eligible items usually bought with Volunteer Grants funding is provided at Attachment A the end of the Funding Round Summary. The examples are a guide only and are intended to help you select the most appropriate category. If a specific item is not listed, select the category that most closely matches the item to be bought. Select all relevant categories, but only select a single category once. If you want to buy two or more items within a single category, combine the costs of each item and enter the total cost.

You must state the Funding Requested for items within each category; this should be based on the retail cost of the items, including GST.

How much funding for each Item Category is being requested in this application? *

Note: The total funding requested across ALL categories must be between \$1,000 and \$5,000.

Item Category	Funding Requested for Items in each Category
Computer equipment	\$2,000.00
Contribution to the reimbursement of volunteers' training costs	\$3,000.00
Total Amount of Funding Requested	\$5,000.00

Will the requested items/fuel help attract new volunteers to the organisation? *

Yes

No

Please estimate the number of new volunteers *

10

Paid staff and volunteers

Paid staff and volunteers that work directly for the organisation/community group

These questions relate to the organisation/community group that is working directly with the volunteers at the service delivery level.

Note: This information should relate to the organisation/community group where volunteers will benefit from the funding.

How many paid staff work for the organisation/community group? *

Number of equivalent full-time paid staff *

5

How many volunteers are there in the organisation/community group? *

Number of volunteers *

20

How many existing volunteers from the organisation/community group will use the requested items, including equipment/training/fuel/ transport? *

Number of volunteers *

20

Information about the organisation/community group working directly with the volunteers

Describe the commitment of the organisation/community group to volunteering and how the requested items will help the volunteers and encourage more people to become volunteers? (Limit: 1000 Characters)

Enter your response to this question here.

Characters entered: 43

Describe the work of the organisation/community group, explaining how it strengthens the local community and helps build community participation. (Limit: 1000 Characters)

Enter your response to this question here.

Characters entered: 43

Declaration

Please read and complete the following declaration.

Terms and Conditions

Submitting a Volunteer Grants 2016 Application Form indicates that you understand and accept the following:

Completing and submitting an Application Form in no way guarantees Volunteer Grants 2016 funding. The Department of Social Services and its officers, employees, agents and advisers:

- are not, and will not be, responsible or liable for the accuracy or completeness of any information in, or provided in connection with, the Volunteer Grants 2016 Application Form
- make no express or implied representation or warranty that any statement as to future matters will prove correct
- disclaim any and all liability arising from any information provided to the applicant, including, without limitation, errors in, or omissions contained in, that information
- except so far as liability under any statute cannot be excluded, accept no responsibility arising in any way from errors or omissions contained in any information in the Volunteer Grants 2016 Application Pack, and
- accept no liability for any loss or damage suffered by any person as a result of that person, or any other person, placing reliance on the contents of the Volunteer Grants 2016 Application Pack, or any other information provided by the Department.

The Department reserves the right to exclude any application that does not meet the intent of Volunteer Grants 2016. The Department reserves the right to clarify information provided in this application. The Department's decision is final.

Privacy

Any personal information you provide is protected under the *Privacy Act 1988*. The information provided in your funding application will be used for the purpose of Volunteer Grants 2016 and may be considered as part of any future funding application or business dealings you may have with DSS; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person's life or health; or if you have consented to the disclosure. The Department will not release any personal or business information to any individual or organisation unless required by law or with your express consent. Information can only be disclosed to someone else if you have been given reasonable notice of the disclosure.

This declaration must be signed by an authorised representative of the applicant (or, if this application is a joint/consortium application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the applicant.

I declare that:

- The information contained in this form is true and correct
- I have read, understood and agree to abide by the **Program Guidelines**
- I have read, understood and agree to the Grant Terms and Conditions, should this application be successful
- I will retain receipts/evidence which document the appropriate expenditure of funding, should this application be successful
- I understand that incomplete applications may not be considered
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding if this application is successful
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this application, and
- I give consent to the Department of Social Services to make public the details of the applicant and the funding received, should this application be successful.

Describe any conflicts of interest that may occur from submitting this application. (Limit: 2000 characters)

Only respond to this question if you have any conflicts of interest.

Characters entered: 69

- I understand and agree to the declaration above. *
- I understand that giving false or misleading information to the Department of Social Services is a serious criminal offence. Person's who do so, may be prosecuted under Section 137.1 of the Commonwealth Criminal Code Act 1995. *
- I confirm the information I have provided in this application is true and correct. *

Full name of Authorised Officer *

Joe Bloggs

Position of Authorised Officer *

Chairperson

Date *

03 Nov 2016

Please provide an estimate of the time taken to complete this Application Form, including:

- actual time spent reading the guidelines, instructions and questions,
- time spent by employees in collecting and providing the information, and
- time spent completing all questions in the Application Form.

Demonstration purposes only

Hours *

Minutes *

Demonstration purposes only