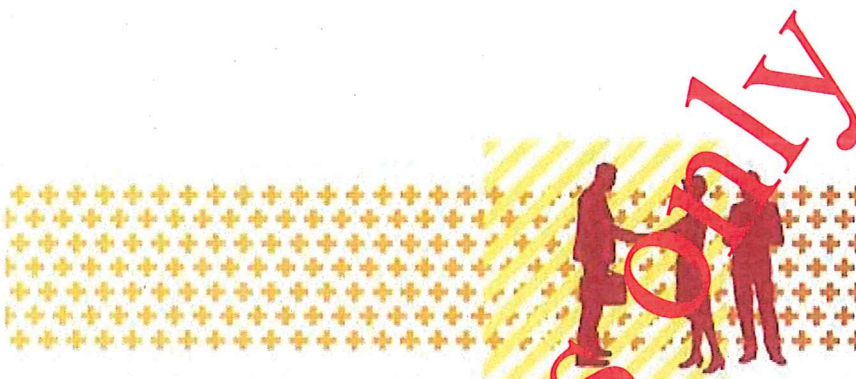


# Community Grants Hub

Improving your grant experience



Tracking Code: **DH6968S**

## Volunteer Grants 2016

### Application Information

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#### 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](mailto:grants@dss.gov.au). Applicants may submit these questions up until 5 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](mailto: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 allowable 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](http://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](http://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:

**DH6968S**

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

### Individual representing a community group

What is your name? \*

Title \*

Given name \*

Mr

Joe

Last name \*

Bloggs

What is the name of the community group you are applying on behalf of? \*

ABC Workforce

Please complete and attach a copy of the Statement by a Supplier not quoting an ABN form \*

Attach a copy of the Statement by a Supplier not quoting an ABN form \*

File: DSS Streamlined Grant Conditions.pdf

Is the community group you are representing not-for-profit? \*

Yes

No

Has the community group you are representing been consulted and are in agreement with this application? \*

Yes

No

What are your contact details?

You will be contacted for matters regarding the application. Please notify the Department, in writing, if the contact details change at any time.

Title \*      Given name \*

|    |     |
|----|-----|
| Mr | Joe |
|----|-----|

Last name \*

|        |
|--------|
| Bloggs |
|--------|

Position in Organisation (e.g. president, secretary, chairperson, treasurer, etc) \*

|             |
|-------------|
| Chairperson |
|-------------|

Telephone \*      Mobile \*

|            |            |
|------------|------------|
| 0212345678 | 0123123123 |
|------------|------------|

Email Address \*      Confirm Email Address \*

|                        |                        |
|------------------------|------------------------|
| Name.Name@email.com.au | Name.Name@email.com.au |
|------------------------|------------------------|

**What is the business address of the community group you are representing?**

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**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|  |
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|  |
|--|

Business Telephone \*

|            |
|------------|
| 0212345678 |
|------------|

Business Email Address \*

|                        |
|------------------------|
| Name.Name@email.com.au |
|------------------------|

Web address

|  |
|--|
|  |
|--|

Nominate a contact person from the community group that you are applying on behalf of.

**Demonstration purposes only**

The contact person must be someone other than yourself and have authority to act on behalf of the community group. Please notify the Department, in writing, if the contact details change at any time.

|         |              |
|---------|--------------|
| Title * | Given name * |
| Mrs     | Joanne       |

Last name \*

Position in Organisation \*

Email Address \*

Confirm Email Address \*

Telephone \*

Mobile \*

## About the organisation

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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.

**Demonstration purposes only**

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 a 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 or 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

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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 entered in the "What is your name?" question or the name of the community group you are representing entered in the "What is the name of the community group that you are applying on behalf of?" question.

Details should include a 6-digit BSB, an account number between 2 and 9 digits and the correct account name.

Provide the bank account details of the applicant or the community group you are representing. \*

Account name \*

ABC Workforce

BSB number (without space or hyphen)

123456

Account number (without space or hyphen) \*

123456789

## Requested Items

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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 fuel costs | \$1,500.00                                   |
| <b>Total Amount of Funding Requested</b>        | <b>\$3,500.00</b>                            |

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

Yes  No

Please estimate the number of new volunteers \*

## Paid staff and volunteers

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### 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 \*

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

Number of volunteers \*

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

Number of volunteers \*

### 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:

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:

## Declaration

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Please read and complete the following declaration.

**Demonstration purposes only**

## 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. \*
- I declare that: \*
  - I am an Authorised Signatory for the community group
  - I have obtained the full knowledge and agreement of the community group I am applying on behalf of, and
  - I will provide the funding to the community group for expenditure on the requested items to benefit the volunteers of the community group

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 all employees in collecting and providing the information, and
- time spent completing all questions in the Application Form.

Hours \*

2

Minutes

30

Demonstration purposes only