

Participation for CALD Seniors grants program 2016

Application form

A. Organisation details

Name of organisation:

Name of project contact person (please print in boxes)

Title: First name:

Last name:

Phone: Email:

Postal address:

Suburb: Postcode:

Local Government Area:

Is your organisation registered for GST? Yes No

Is your organisation incorporated? Yes No

Auspice organisation details

If your organisation is not incorporated, please provide details of your auspice organisation below. If you need more information about auspice arrangements, contact the ECCV on 9349 4122.

Name of organisation:

Name of project contact person (please print in boxes)

Title: First name:

Last name:

Phone: Email:

Postal address:

Suburb: Postcode:

Is your organisation registered for GST? Yes No

Submit application by 5 pm, Friday 5 February 2016 to: Participation for CALD Seniors grants program 2016
Department of Health & Human Services
GPO Box 4057
Melbourne Vic 3001

Completed and signed forms can be scanned and emailed to: seniorsprojects@dhhs.vic.gov.au



Please attach pages if there is not enough room provided for your answers.

B. Project details

A project is an activity with a beginning and an end, which is additional to your organisation's current activities. This project should respond to an identified need.

Project name:

This program aims to fund projects that will engage seniors who are not actively involved in regular activities.

Question 1: Describe the ethnicity, or cultural background, of the seniors you intend to work with, including how you have identified them.

Question 2: How are the people described above socially isolated?

Question 3: How will your project engage with them?

Question 4: What outcomes are you seeking to achieve?

Question 5: How long will your project run for?

Question 6: Where will the project operate? *For example, the suburb or local government area.*

Question 7: Is your group new or existing? New Existing

If you are an existing group please include how often you meet and on which day of the week, how long you have been meeting, what the usual activities are and how many members you have.

Question 8: How do you plan to sustain your project's activities beyond this 12-month grant and please describe any existing, or planned, new partnerships that will support your project?

Question 9: What is your organisation's existing relationship with the target ethnic community or communities?

Question 10: How have you consulted with your target ethnic community, or communities, and demonstrate how your project intends to respond to their needs and desires?

Question 11: How much money are you seeking for the project?

- A. Grants up to \$5,000 across Victoria (see Guidelines for further information) \$
- B. Grants up to \$10,000 for more complex projects (see Guidelines for further information) \$

Question 12: Provide the project budget below: *You may use the table below as a guide for how to develop a project budget.*

Expense/item	Amount (\$)
TOTAL	

Declaration:

To be completed by an authorised person with delegated authority to submit this application on behalf of the organisation, such as Chairperson, Secretary or Treasurer.

I state that the information in this application and attachments is to the best of my knowledge true and correct.
I agree that the information provided in this application will be used by the Department of Health & Human Services for assessing grant applications and reporting.
I understand that this is an application only and may not result in funding approval.

Name:

Position:

Email:

Phone: Date:

Where did you hear about this grants program?
