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# FAHCSIA

# APPLICATION FORM FOR FUNDING

**INDIGENOUS CAPABILITY AND**

**DEVELOPMENT PROGRAM (ICAD)**

**Public Awareness Program for**

**Public Awareness Activities**

**2013-14**

**APPLICATION FORM FOR FUNDING**

**under the**

**Indigenous Capability and Development (ICAD) Program for**

**Public Awareness activities**

**Information for applicants**

|  |  |
| --- | --- |
| **Closing Date** | **Applications must be submitted by 2:00pm AEST 19 April 2013.** |

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| --- | --- | --- | --- | --- |
| **How to lodge** | | | Application forms can be completed and submitted electronically or in hardcopy and must be lodged by the closing date specified above.  Applications can be emailed directly to the Department at [publicawareness@fahcsia.gov.au](mailto:publicawareness@fahcsia.gov.au).  Hard copy applications must be lodged at your [local ICC](http://www.fahcsia.gov.au/contact/contact-the-department) by the closing date specified above. Applications postmarked after the closing date may not be included in the assessment process.  Details can be found at [www.fahcsia.gov.au/grants-funding/current-funding](http://www.fahcsia.gov.au/grants-funding/current-funding) | |
|  | | |
|  | |  | | | |
| **Registration Id** | | You will receive a notification acknowledging receipt of your application and its Identification Number.  Please use this ID number when providing subsequently requested information, or making enquiries regarding your application. If you do not have a number please provide your organisation’s legal name. | | | | |
|  | |
| **Questions and Answers** | Should you have any questions about this application form, please consult the [program guidelines](http://www.fahcsia.gov.au/our-responsibilities/indigenous-australians/programs-services/recognition-respect/public-awareness-program). If you cannot find the information you require please contact your local ICC by calling **1800 079 098** or **1800 089 148** for Nhulunbuy ICC, **1800 193 357** for Kalgoorlie ICC, **1800 193 348** for Kununurra ICC or visiting <http://www.fahcsia.gov.au/contact/contact-the-department>. | | | |
|  |
| **National Relay Service (NRS)** | | If you are deaf or have a hearing or speech impairment, you can use the NRS to contact any of the Department's listed phone numbers. To access a 1800 FaHCSIA number NRS users should phone 1800 555 677 (TTY), 1800 555 727 (Speak and Listen) or visit the NRS Website at <http://www.relayservice.com.au/> | | |
|  | |
| **Program Guidelines** | | | | If you are completing this application form you should only proceed if you have read the [program guidelines](http://www.fahcsia.gov.au/our-responsibilities/indigenous-australians/programs-services/recognition-respect/public-awareness-program). Assessment of applications will be based on the information provided in the program guidelines. |
|  | | | |
| **Information Use** | | | | Please note that FaHCSIA may use successful applicants’ information, other than personal information that has been provided in the applicants’ application, to assist FaHCSIA to:   1. comply with the Australian Government requirement to publish the names of all funding recipients on the FaHCSIA website 2. inform staff negotiating and establishing funding agreements of risks and issues which need to be addressed in the agreement for that program, or 3. inform future assessments for applications.   Please indicate whether you agree to the department using the information (not personal information) you have provided in your application for the purposes listed at (a), (b) and (c) above.  I agree |
|  | | | |

# Part 1 Eligibility

|  |  |  |
| --- | --- | --- |
| **1a Organisation type and financial status** | | |
|  | | |
| **Is your organisation non-government?** | | |
|  | | |
|  |  | Non-government |
|  |  | State/Territory, Local government |
|  | | |
| **Is your organisation not for profit?** | | |
|  | | |
|  |  | Not for profit |
|  |  | For profit |

|  |  |  |
| --- | --- | --- |
| **1b Organisation entity type[[1]](#footnote-1)** | | |
| This eligibility list contains entity types that FaHCSIA is able to enter into funding agreements with. | | |
| Please tick √ all applicable boxes**.** | | |
|  |  | Aboriginal organisation incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006) |
|  |  | Incorporated association incorporated under Australian State/Territory legislation |
|  |  | Incorporated cooperative incorporated under Australian State/Territory legislation |
|  |  | Organisation established through specific Commonwealth or State/Territory legislation |
|  |  | Company incorporated under Corporations Act 2001 (Commonwealth of Australia) |
|  |  | Partnerships |
|  |  | Trustee on behalf of a trust |
|  |  | Individual |
|  |  | An Australian Local government body |
|  |  | An Australian State/Territory government |
|  | | |
| **If you have not ticked any box from the list above, your organisation is not eligible to apply for funding.** | | |

# Part 2 Applicant details

|  |
| --- |
| **2 What is the legal name of your organisation?** |
| This is the name that appears on all official documents and legal papers. It may be different to your trading name. |
|  |
| All further responses within this application form must relate to this entity.  This is the legal entity that FaHCSIA will enter into Funding Agreements with. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3 What is the trading name of your organisation?** | | | | | |
| This is the name your organisation trades or provides services under. | | | | | |
|  | | | | | |
|  | | | | | |
| **4 What is your organisation’s physical address?** | | | | | |
| Enter the contact person’s address if your organisation does not have its own registered address. | | | | | |
|  | | | | | |
| **Physical address (not a PO Box)** | | | | | |
| Building/floor |  | | | |  |
|  | | | | | |
| Street number and name |  | | | |  |
|  | | | | | |
| Suburb/town |  | | | |  |
|  | | | | | |
| State |  |  | Postcode |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5 What is the postal address of your organisation?** | | | | | | | |
| **Same as above** |  |  | | | | | |
|  | | | | | | | |
| **Postal Address** | | | | | | | |
| Building/floor |  | | | | | |  |
|  | | | | | | | |
| Street number and name or PO Box |  | | | | | |  |
|  | | | | | | | |
| Suburb/town |  | | | | | |  |
|  | | | | | | | |
| State |  | |  | Postcode |  |  | |
| **6 What is the name of the outlet where the service will be delivered from? (If different, to Q2 or Q3.)** | | | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **7 What is the outlet’s physical address?** | | | | | | |
|  | | | | | | |
| **Physical address (not a PO Box)** | | | | | | |
| Building/floor |  | | | | |  |
|  | | | | | | |
| Street number and name |  | | | | |  |
|  | | | | | | |
| Suburb/town |  | | | | |  |
|  | | | | | | |
| State |  |  | Postcode |  |  | |

|  |  |  |
| --- | --- | --- |
| 8 Who are the authorised Contact Persons for this application? | | |
|  | Preferred contact | Alternative contact |
| Title |  |  |
| First name |  |  |
| Surname |  |  |
| Position in organisation |  |  |
| Telephone number |  |  |
| Mobile number |  |  |
| Business email address |  |  |
|  |  |  |

Part 3 Financial details

**FaHCSIA is unable to fund your organisation if you do not provide bank account details.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **9 Does your organisation have an Australian Business Number (ABN)?** | | | | | | | |
|  |  | | | **Yes** |  | | |
|  |  | | | **No** |  | | |
|  | | | | | | | |
| **If yes, what is the ABN of your organisation?** | | | | | | | |
|  | | |  | | |  | |
|  | | |  | | |  | |
| **10 Is your organisation registered for GST?** | | | | | | | |
| (Questions on GST requirements should be addressed to the Australian Taxation Office.) | | | | | | | |
|  |  | | | Yes | | | |
|  |  | | | No | | | |
|  |  | | |  | | | |
| **11 If you would like recipient created tax invoices (RCTIs) to be sent to an alternative email address to that of the preferred contact listed in Q8, please provide the new email address here.** | | | | | | | |
|  | |  | | | | |  |
| If this is left blank RCTI’s will be sent to the preferred contact email address at Q8. | | | | | | | |

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| --- | --- | --- | --- |
| **12 Please provide details of your organisation’s bank account for payment should your application be successful.** | | | |
| Record the account details of the organisation listed at Q3 only. FaHCSIA will not make cheque payments or payments to a third party. | | | |
|  | | | |
| BSB number | |  |  |
|  | | | |
| Account number | |  |  |
|  | | | |
| Account name | |  |  |

**Part 4** **Financial viability and governance**

**Applicants who currently receive funding from FaHCSIA do not need to complete Questions 13, 14 and 15.**

|  |  |  |  |
| --- | --- | --- | --- |
| **13 Please attach the following information:** | | | |
| * Your organisation’s most recent audited financial statements (with previous year for comparison) | | | |
| **Are these statements fully compliant with Australian accounting standards?** | | | |
|  |  | Yes | |
|  |  | No | |
| **If no, what is your rationale for preparation of financial statements which are not fully compliant with Australian accounting standards.** | | | |
|  | | | | | |
|  | | | |
| * a current financial statement (income and expenditure, balance sheet, and statement of equity - this statement does not need to be audited). | | | |
| * an income and expense budget, for the financial year for which funding is sought (exclude the funding being applied for in this application). | | | |

|  |  |  |
| --- | --- | --- |
| **14**  **Please indicate whether your organisation has the following:** | | |
| **Please tick where applicable(√ )** | | |
|  |  | an organisation chart |
|  |  | duty statements for all positions |
|  |  | financial policy and procedures (systems manual) |
|  |  | delegations (authorised financial delegates or decision makers) |
|  |  | business plan |
|  |  | risk management plan |
|  |  | minutes of board meetings |

|  |  |  |
| --- | --- | --- |
| As a part of our financial viability verification process you may be asked to provide copies of these documents. | | |
| **Can you provide copies of these documents within 7 days of a request by us?** | | |
|  |  | Yes |
|  |  | No |

|  |  |  |
| --- | --- | --- |
| **15 Provide an overview of the structure/operations/purpose of your organisation and its links to the communities/clients and activities for which funding is requested.** | | |
|  | | |
| **16 Please tick (√) if any of the following apply to your organisation.** | | |
|  |  | Any form of litigation or enquiry during the past three years, current or pending. |
|  |  | **NOTE**: If you have settled a claim on confidential terms, please indicate this in your response |
|  |  | Any significant financial matter which may impact on the organisation, for example, insolvency or voluntary administration |
|  |
|  |  | Future commitments or contingent liabilities that might materially affect the organisation |
|  |
| **If you have ticked any of the above (Q16) please provide a short explanation here (further information may be requested).** | | |
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Part 5 Responses to selection criteria

**You must limit your responses to 500 words per criteria.**

**1 Description**

**Please provide details of your proposed Public Awareness activity.**

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| * What is the name of your Public Awareness activity? * What is the primary objective/outcome of your activity? * What activities and/or services will be carried out by your organisation using the proposed funding? * Where will the activity take place? * What is the anticipated extent of the non-Indigenous audience? * What is the anticipated media interest/coverage? * What is the planned distribution of products? * Provide details of other groups or organisations who will be involved in the coordination and facilitation of these activities.   *(These dot points are provided to assist you to develop your responses. They are suggestions only and you should add any further information, within the word limit, that will assist us to assess your application.)* |
|  |

**2 Risks**

|  |
| --- |
| * What are the key risks which may affect the successful completion of this activity? * How do you plan to address these risks?   *(These dot points are provided to assist you to develop your responses. They are suggestions only and you should add any further information, within the word limit, that will assist us to assess your application.)* |
|  |

**3 Organisation experience**

**Demonstrated experience in developing, delivering, managing and monitoring effective activities to achieve positive outcomes for the Indigenous community.**

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| --- |
| * What is your organisation’s experience in managing this type of activity? * How will you monitor progress to achieve the desired outcomes of the Program?   *(These dot points are provided to assist you to develop your responses. They are suggestions only and you should add any further information, within the word limit, that will assist us to assess your application.)* |
|  |

**4 Qualification of service delivery staff**

**Demonstrated expertise and qualifications of staff to achieve quality outcomes in delivering activities to the Indigenous community.**

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| * Provide information about the expertise or qualifications of staff working with specific target groups or activity skills. * Consider and list qualifications of project/financial management staff.   *(These dot points are provided to assist you to develop your responses. They are suggestions only and you should add any further information, within the word limit, that will assist us to assess your application.)* |
|  |

## 5 Budget

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| --- |
| * Please provide a proposed budget for the activity for which you seek funding. * FaHCSIA requires information regarding Income and Expenditure. * We may seek further information about estimated expenses from you if your application for funding is successful. * *Please enter all amounts GST free. GST is added automatically when funds are released to organisations.* |
| |  |  | | --- | --- | | **Budget Details** | **2013-2014** | | **INCOME** |  | | **Activity Generated Income** |  | | **\*Other Income** |  | | **Community Contributions** |  | | **\*Requested Funding** |  | | **Total Income for this Activity** |  | | **\*OPERATIONAL - OTHER** |  | |  |  | | **Services** |  | | Cleaning |  | | Consultants |  | | Equipment Hire |  | | Insurance |  | | Meetings |  | | Postage |  | | Communications (telephone/fax/video conferencing, internet) |  | | Other Services |  | | Other Services |  | |  |  | | **Arts and Craft Costs** |  | | Production Costs |  | | Payments to Artists |  | | Exhibition Costs |  | |  |  | | **Other** |  | | Please specify |  | | Please specify |  | | **ESTIMATED EXPENSES** |  |   **\*** **These fields must be completed** |

**6 Other Income**

|  |
| --- |
| * Where Other Income is included in the budget please provide details of what it relates to and how it is calculated. |
|  |

**7 Other Funding Details**

**Has your organisation applied for funding from any other source to deliver the same services covered by this application?**

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **Contact Person** | **Date of Application** |
|  |  |  |
|  |  |  |
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### Part 6 Declaration

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please complete the declaration**  **NOTE**:  Applications being submitted by post **MUST** be signed. | I declare that:   * the information, including financial information, contained in this form is true and accurate. * I have read the [**program** **guidelines**](http://www.fahcsia.gov.au/our-responsibilities/indigenous-australians/programs-services/recognition-respect/public-awareness-program)**.** * I have read, understood and accept the terms and conditions of funding and my organisation will be able to fully comply with those conditions. * I understand that incomplete applications may **not** be considered. * I agree to receiving recipient created tax invoices (RCTIs) for this funding should this application be 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. * I am not aware of any perceived or actual conflict of interest that will arise by submitting this application.   (For more information please see page 5 of [Part B of the program guidelines](http://www.fahcsia.gov.au/our-responsibilities/indigenous-australians/programs-services/recognition-respect/indigenous-capability-and-development-program-guidelines). Describe below any conflicts of interest that have been identified).   |  | | --- | | **Please describe any conflict of interest that may occur from submitting this application.** |  |  | | --- | | **If any financial information requested at Q16 has not been submitted please list any missing documents here.** | | | |
| **Signature** |  | **Date** |
|  |  |  |
| **Name (please PRINT)** |  | **Position in organisation** |
|  |  |  |

**Funding Agreement**

Successful applicants must agree to and sign a Funding Agreement with the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

The Terms and Conditions for the standard FaHCSIA Funding Agreement can be found on the FaHCSIA website [here](http://www.fahcsia.gov.au/grants-funding/general-information-on-funding/terms-and-conditions-standard-funding-agreement).

**Part 7 Application checklist**

**To ensure that your application is complete, use the following checklist.**

|  |  |  |
| --- | --- | --- |
| **Part 1** | **Eligibility:** Have you responded to all relevant areas? |  |
| **Part 2** | **Applicant details:** Have you completed all questions? |  |
| **Part 3** | **Financial Details:** Have you completed all questions? |  |
| **Part 4** | **Financial Viability:** Have you completed all questions and provided the documents requested at Q13? |  |
|  | * Have you attached a short explanation to question 16 if required? |  |
| **Part 5** | **Responses to selection criteria:** Have you addressed selection criteria 1 to 7 in this application, in line with the application guidelines, including budget? |  |
| **Part 6** | **Declaration:** Have you read and completed the declaration carefully? |  |
| **Part 7** | **Application checklist (this part):** Have you completed the application checklist? |  |

**Note:** applications that are incomplete may not be considered.

1. Only Australian legal entities are eligible to receive funding for the provision of services in Australia. [↑](#footnote-ref-1)