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| Victorian Aboriginal  Community Initiatives Fund |
| Application form 2019–20 |

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# Application process

The application process is as follows:

1. Contact the Regional Coordinator who supports the Dhelk Dja Action Group in your region, to express your interest and discuss your project proposal for the Aboriginal Community Initiative Fund (CIF).
2. The Regional Coordinator will provide you with a copy of the *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families* 10 Year Agreement 2018–2028 and advise you on regional processes i.e. information sessions/forums being held.
3. Complete the CIF 2019-20 Application Form and submit it to the Regional Coordinator, along with all supporting documentation. The closing date for applications is **27 November 2019 at 5pm**. No late applications will be accepted.
4. Applications will be reviewed to ensure that the eligibility criteria are met and that all sections are completed. Applications that do not meet the eligibility criteria will not proceed to the Assessment Panel.
5. All eligible applications will be presented to the CIF Regional Assessment Panel which comprises:
   * + Two community representatives of the Dhelk Dja Action Group
     + Senior Aboriginal representative of Family Safety Victoria (FSV) or Department of Health and Human Services (DHHS)
     + Independent Aboriginal representative, as agreed by the Dhelk Dja Chairperson(s)

The Regional Coordinator will provide secretariat support and advice to the panel but does not have any decision-making capacity.

1. The CIF Regional Assessment Panel will assess applications against set criteria. As part of the assessment process, applicants must attend an Assessment Panel Interview to discuss their application. Interviews will be held on the week beginning 9 December 2019.
2. At the completion of the process you will be advised of the outcome in writing and given the opportunity to obtain feedback about your submission.
3. Any queries should be directed to the relevant Regional Coordinator.

# Key dates

|  |  |
| --- | --- |
| Process | Date |
| Call for applications | 16 October 2019 |
| Application closing date and time | 27 November 2019 at 5pm |
| CIF Regional Assessment Panels and Applicant interviews convened | 9-13 December 2019 |
| All applicants advised of outcome by | January 2020 |
| Project commencement from | February 2020 |
| Project completion by | February 2021 |

Family Safety Victoria reserves the right to vary the key dates as necessary in its absolute discretion.

# Project details

## A. Project summary

|  |  |
| --- | --- |
| **Project name**  Department of Health |  |
| **Applicant** |  |
| **Project manager** |  |
| **Auspice organisation (if applicable)** |  |
| **Dhelk Dja Action Group Region** |  |

## B. Project description

(150 words or less)

|  |
| --- |
|  |

## C. Expected project dates

|  |  |
| --- | --- |
| Start date |  |
| End date |  |

# Assessment criterion 1

## Section 1: Applicant organisation details

**Stop
If you are an unincorporated Aboriginal group applying for funds, please continue to Section 2 to complete Project Manager details (refer to ‘‘Eligibility’ in Victorian Aboriginal Community Initiatives Fund: Funding guidelines 2019–20**)**.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of organisation |  | | | |
| Type of organisation/group (please indicate with an X) | | | | |
| Incorporated not-for-profit Aboriginal organisation | | | |  |
| Incorporated not-for-profit mainstream organisation delivering an Aboriginal program in partnership with an Aboriginal organisation | | | |  |
| Unincorporated Aboriginal community group – **go to Section 2** | | | |  |
| Organisation contact person |  | | | |
| Email |  | Phone number |  | |
| Street address |  | | | |
| Town/suburb |  | Postcode |  | |
| Australian Business Number (ABN) |  | Registered for GST |  | |

* I am authorised by the organisation named in Section One of this form to submit this application on behalf of the organisation/community group.
* I confirm that the organisation has a current Service Agreement with DHHS.
* The provision of funding by the department is subject to the terms and conditions of the Service Agreement.
* I will notify FSV of any changes to the application information and any circumstances that may affect the project prior to commencement.
* I confirm that the organisation has no outstanding program reporting or financial acquittal requirements with the department.
* I understand that this is an application only and may not necessarily result in funding approval.
* I state that the information in this application is true and correct to the best of my knowledge.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Date |  | |
| Signature |  | Position  (Please indicate which applies) | CEO |  |
| Other |  |
| If Other, specify |  | |

**Note: Electronic signatures will not be accepted.**

## Section 2: Project manager and auspice organisation details

### Project manager

|  |  |  |  |
| --- | --- | --- | --- |
| Name and position title of project manager |  | | |
| Email |  | Phone number |  |
| Street address |  | | |
| Town/suburb |  | Postcode |  |

### Auspice organisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of auspice organisation |  | | | |
| Type of organisation (Please indicate with an X) | | | | |
| Incorporated not-for-profit Aboriginal organisation | | | |  |
| Incorporated not-for-profit mainstream organisation | | | |  |
| Auspice contact person |  | | | |
| Email |  | Phone number |  | |
| Street address |  | | | |
| Town/suburb |  | Postcode |  | |
| Australian Business Number (ABN) |  | Registered for GST |  | |
| Does your organisation have a DHHS Service Agreement? |  | MOU developed with applicant organisation |  | |

* I am authorised by the organisation/community group named in Section 2 of this form to submit this application on behalf of the organisation/community group.
* As the applicant is not an incorporated organisation, an agreement has been made with an incorporated auspice organisation.
* A Memorandum of Understanding (MOU) has been developed with the applicant and signed by both parties.
* The auspice organisation has a current Service Agreement with DHHS.
* The auspice arrangement and MOU will ensure that the obligations in the Service Agreement are met, including service delivery, financial accountability and client confidentiality requirements.
* Both parties are clear on their obligations and responsibilities, as outlined in the MOU, including agreement on the auspice fee (cannot be more than 10%).
* I have ensured that correct and adequate insurance policies are held.
* The auspice organisation will arrange for payment of invoices in a timely manner, as outlined in the MOU.
* Notification seeking any changes or variation to the project and project budget must be submitted to the Regional Coordinator.
* I will notify FSV of any changes to the application information and any circumstances that may affect the project prior to commencement.
* I confirm that the auspice organisation has no outstanding program reporting or financial acquittal requirements with the department.
* I state that the information in this application is true and correct to the best of my knowledge.

### Project manager – Aboriginal lead

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Signature |  | Position |  |

### Auspice organisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Date |  | |
| Signature |  | Position  (Please indicate which applies) | CEO |  |
| Other |  |
| If Other, specify |  | |

**Note: Electronic signatures will not be accepted.**

# Assessment criterion 2

## Level of need for the project in your community

### 2.1 Describe the target group for the project

|  |  |
| --- | --- |
| Target group (e.g. Aboriginal Elders, women, men, children and young people, families) |  |
| Age group(s) |  |

### 2.2 How will the project be inclusive of different groups in your local Aboriginal communities?

This includes Elders, women, men, children and young people (including those in out of home care), people from the Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) community, people living with disabilities or mental health issues, people living in rural, remote or regional communities and people exiting prisons.

|  |
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### 2.3 How will participants be referred, selected and engaged?

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### 2.4 Provide details of the areas where the project will be delivered within your region

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### 2.5 Describe how the project addresses local needs in your community

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# Assessment criterion 3

## Project alignment to Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families 10 Year Agreement (the Agreement)

### 3.1 List the project objectives and how they align with the strategic priorities of the agreement

The strategic priorities are:

* Strategic Priority 1 – Aboriginal Culture and Leadership
* Strategic Priority 2 – Aboriginal-led Prevention
* Strategic Priority 3 – Self-determining Aboriginal family violence support and services
* Strategic Priority 4 – System transformation based on self-determination
* Strategic Priority 5 – Aboriginal-led and informed innovation, data and research

|  |  |  |
| --- | --- | --- |
| Project objective | Objective aligns with strategic priorities  (specify numbers) | How the objective aligns with the strategic priorities |
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### 3.2 Complete the program logic for this project

A program logic is a ‘picture’ of what a project will look like, linking the inputs with project outcomes (see below example of a completed program logic).

Note: The text in red provides guidance for completing the program logic for your project.

|  |  |
| --- | --- |
| **Program logic title** | [Project Title] |
| **Situation** | [What is the specific problem we are trying to address? e.g. Elder abuse] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inputs | Activities | Target group | Short-term outcomes | Long term outcomes |
| For example:   * Aboriginal Community Initiatives Fund (CIF) funding * *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families* 10 Year Agreement * Dhelk Dja Action Group 3 Year Plan * Community engagement * In kind support | What activities support the project? | Who is the target group for this initiative? | What impacts will we see for the target group, and for other stakeholders? | For example:   * Reduced incidence of family violence * Cycles of violence broken |
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# Assessment criterion 4

## Capacity of project manager to deliver the project (project plan)

### 4.1 Provide details of the project plan

Complete the project plan, listing how the project will be implemented, activities, tasks, timelines, and strategies for evaluating success of the project.

The plan should be specific and detail the frequency and length of activities (i.e. Aboriginal women’s group, delivered once a week for 12 weeks or 5 one-day workshops held monthly, over 5 months).

#### Example project plan

| Activity (examples)  (What are you going to do?) | Description  (Details of activities) | Who is responsible? | Start date  (month) | End date  (month) | Cost per session |
| --- | --- | --- | --- | --- | --- |
| Establish a project steering committee | This committee will meet regularly to monitor the project. The committee will include key project partners, including local Elders and Dhelk Dja Action Group members. | Project Manager | February 2020 | August 2020 | $0 |
| Promote project | The workshops will be promoted through community network email lists, flyers, newsletters and visits to local organisations. | Committee | March 2020 | April 2020 | $150 |
| Run program | Two-hour Aboriginal women’s group sessions delivered every week for 12 weeks. Maximum of 10 participants for the group. | Facilitators | April 2020 | July 2020 | $4700 |
| Showcase event | Invite family, community, Dhelk Dja Action Group and project partners to a showcase. Art work to be displayed and to highlight the benefits of the project with the participants. | Project Manager | August 2020 | August 2020 | $1500 |

#### Project Plan

| Activity  (What are you going to do?) | Description  (Details of activities) | Who is responsible? | Start date  (month) | End date  (month) | Cost per session |
| --- | --- | --- | --- | --- | --- |
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### 4.2 Demonstrate what measures will be used to evaluate success of the project

Note: Examples are included in the table below in red text.

| Outcomes  What would success look like? | Performance indicators  How will you know that you have been successful in meeting your outcomes? i.e. workshops, participant feedback, photographs of activity |
| --- | --- |
| * Participants have strengthened cultural identity and increased pride * Participants have improved overall social emotional health and wellbeing * New partnerships and ways of working * Increased skills and capacity in the community | * Pre and post workshop questionnaire * We will keep attendance sheets for every activity * Increased participation levels at forums and workshops |
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### 4.3 List other CIF projects your organisation/group have managed and delivered over the last three years (if applicable)

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# Assessment criterion 5

## Financial details

### 5.1 List the income and expenditure for the project

Expenditure must not include equipment or capital items. All figures must include GST and be rounded to the nearest dollar.

| Income item | $ |
| --- | --- |
| Amount requested in this application |  |
| Funds contributed by your organisation or any other organisation/group  (please specify) |  |
| In kind support (please specify) |  |
| Other (please specify) |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total income |  |

| Expenditure item | $ |
| --- | --- |
| Auspice fee (cannot be more than 10%) |  |
| Fee for service (specialist facilitators, consultants) |  |
| Advertising |  |
| Materials / consumables’ including resource development (please specify) |  |
| Staff travel costs (please specify) |  |
| Community consultation costs including catering, venue hire and community transport (please specify) |  |
| Other (please specify) |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total expenditure |  |

### 5.2 Provide details of financial or in-kind contributions from the applicant organisation or any other partners (if applicable)

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# Assessment criterion 6

## Determining understanding of the funding expectations and declaring any conflict of interest

### 6.1 Provide details on how you will address the CIF funding expectations

Refer to ‘’Funding expectations’ in Victorian Aboriginal Community Initiatives Fund: Funding Guidelines 2019–20.

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### 6.2 Declaration of interest

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| --- | --- |
| **I do not have a conflict of interest**, to the best of my knowledge, in relation to this application.  I have read and understood Victorian Aboriginal Community Initiatives Fund: Funding Guidelines  2019–20 – Attachment 1: Conflict of interest. |  |
| **A conflict of interest has been identified and declared.**  I have read and understood Victorian Aboriginal Community Initiatives Fund: Funding Guidelines  2019–20 – Attachment 1: Conflict of interest.  (If you checked this box please continue to the following questions) |  |

Please summarise the situation

|  |
| --- |
|  |

Strategies you will put in place to minimise the conflict of interest

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|  |

# Checklist for your application

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| --- | --- |
| Contacted the Regional Coordinator to express your interest, discuss your project proposal and to obtain the following:   * Copy of Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families 10 Year Agreement 2018–2028 * Information on CIF regional processes |  |
| Met the eligibility criteria |  |
| Completed all sections of the application |  |
| Completed project plan template |  |
| Completed program logic template |  |
| Completed the financial details section |  |
| Application signed by the relevant person(s) in your organisation/group and/or auspice |  |
| Attached letters of support and any agreements/MOUs with partnering organisations |  |
| Provided a copy of the organisation’s (or where applicable, the auspice organisation) previous years audited financial statements |  |
| Attached a copy of the organisation’s (or where applicable, the auspice organisation’s) Certificate of Incorporation and Statement of Purpose |  |

**The completed application must be provided to the Regional Coordinator by 5pm on 27 November 2019.**   
No late applications will be accepted.

Please refer to ‘Where do I obtain further information?’ in Victorian Aboriginal Community Initiatives Fund: Funding Guidelines 2019–20 for the contact details of the Regional Coordinator based in your area.

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