# Small Grant Application Form

**Please note that incomplete applications or those where the structure of the form has been edited will not be accepted.**

|  |
| --- |
| 1. **Your Group or Organisation**
 |
| **Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. | **Postcode:** | xxxx |
| **Contact Person:** | Click here to enter text. |
| **Position/Title:** | Click here to enter text. |
| **Telephone:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **ABN:** | xx xxx xxx xxx |

Project Title/Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a brief description of your group or organisation. **(Maximum 150 words)**

Is your group or organisation incorporated? [ ]  Yes [ ]  No

If your group is not incorporated, you will require an auspicing partner. Please provide their details below. See Section 6 of the Small Grant Guidelines for more information about auspicing arrangements.

|  |
| --- |
| 1. **Auspice Partner Organisation (if applicable)**
 |
| **Partner Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. | **Postcode:** | xxxx |
| **Contact Person:** | Click here to enter text. |
| **Position/Title:** | Click here to enter text. |
| **Telephone:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **ABN:** | xx xxx xxx xxx |

1. **Project Description**
	1. Project title:
	2. Provide a brief description of the proposed project. **(Maximum 200 words)**

* 1. Demonstrate how this project will build capacity and/or enhance support for people affected by forced adoption policies and practices. Please include information around the need for the project and attach any supporting documentation. Such information may include sector knowledge, research evidence, or identified service gaps in a particular region. **(Maximum 200 words)**

1. **Project Objectives/Outcomes**

What are the specific objectives/outcomes of your project and how will they be measured?

*For example: hold eight support group sessions attended by an average of seven participants; improve support for our community by training four volunteers in basic telephone counselling skills; erect a memorial and hold a public launch to increase awareness.*

|  |  |
| --- | --- |
| **Objective/Outcome** | **Measure** |
| 4.1 |  |
| 4.2 |  |
| 4.3 |  |
| 4.3 |  |

1. **Project Schedule and Key Milestones**
	1. Please identify and provide a brief description of the key milestones to be completed for the project, how long each will take to complete and their projected dates for completion. The individual or position within the organisation that is responsible for each milestone/task should also be identified.

For an example please refer to Appendix 1 of the Small Grant Guidelines.

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Milestones/Tasks** | **Duration of Task** | **Target date for completion** | **Responsibility (person or position).** |
| Click here to enter text. |   |   |   |
| Click here to enter text. |   |   |   |
| Click here to enter text. |   |   |   |
| Click here to enter text. |   |   |   |
| Click here to enter text. |   |   |   |
| Click here to enter text. |   |   |   |
| Click here to enter text. |   |   |   |

Projects must be completed within twelve months of receiving funding.

* 1. How long after you receive funding can you commence the project?

* 1. When do you expect to complete the project?

1. **Evaluation**

Outline how you will measure whether the project objectives (as listed in Section 4) have been met. Please refer back to the corresponding measures for each objective and also include any additional measures for the project as a whole. Examples include: conducting a satisfaction survey with participants; monitoring of the number of people contacting your group for information; articles/

interviews in local media about a memorial launch.)

1. **Project Risks**

Please identify the risks associated with the project and the strategies to be used for mitigating them. When outlining mitigation strategies please include any project management experience that you have.

|  |  |
| --- | --- |
| **Risk** | **Strategy to Mitigate Risk** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

1. **Financial Details**

For an example please refer to Appendix 2 of the Small Grant Guidelines

* 1. Project income

|  |  |
| --- | --- |
| Grant amount requested | 0 |
| Applicant’s contribution | 0 | *(cash $* \_\_\_\_\_\_\_\_\_ *in-kind $* \_\_\_\_\_\_\_\_\_*)* |
| **Total Expenditure** | **$** 0 |

* 1. Project expenditure

Provide a budget based upon your requested funding amount and anticipated expenditure. All costs must be specifically defined so please attach to your application supporting documentation such as obtained fee schedules, quotes or pricing guides.

Please refer to Section 4 of the Small Grant Guidelines for information on allowable use of funds.

|  |  |  |
| --- | --- | --- |
| **Item** | **Funding Source** | **Cost**  |
| 1. Click here to enter text. |   | 0 |
| 2. Click here to enter text. |   | 0 |
| 3. Click here to enter text. |   | 0 |
| 4. Click here to enter text. |   | 0 |
| 5. Click here to enter text. |   | 0 |
| 6. Click here to enter text. |   | 0 |
| **Total Project Cost** | **$** 0 |

1. **Grant Recipient Declaration**

The information provided in this application and any attachment is true and correct.

Name: Position/Title

Signature: Date: dd/mm/yyyy

1. **Declaration by Auspice Partner Organisation (if applicable).**

The information provided in this application and any attachment is true and correct.

Name: Position/Title

Signature: Date: dd/mm/yyyy

1. **Attachments**

Please attach the following documents:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Most recent Audited Financial Report | [ ]  | Most recent Annual Report |

Unincorporated groups or organisations should provide their auspicing partner organisation’s reports.

1. **Submission**

Please email this completed application, along with attachments, to Relationships Australia Victoria at fass@rav.org.au to arrive by the closing date.

1. **Contact Us**

For information and advice please contact:

Therapeutic Services Coordinator

Forced Adoption Support Service

1800 21 03 13

fass@rav.org.au