

Domestic, Family and Sexual Violence Reduction

2018 Grant Funding Application

April 2018

ORGANISATION OVERVIEW

Organisation legal entity details

Legal business/company name
(as registered for ABN on the Australian
Business Register)

Trading name

Australian Company Number (ACN)

Australian Securities & Investment
Commission (ASIC) Number

Australian Business Number (ABN)

Aboriginal Corporation Number (for
organisations registered under the
Corporations *Aboriginal and Torres Strait
Islander Act*)

Is the organisation registered for GST?

Yes No

Does the organisation have public liability
insurance?

Yes No

Contact details

CEO or equivalent contact details

Title

Given name

Surname

Job title

Office telephone number

Mobile telephone number

E-mail address

Head office / administration office address

Address

Suburb/town

State/Territory

Postcode

Web address (if applicable)

Postal address for official correspondence

Address line 1

Suburb/town

State/Territory

Postcode

Financial contact details

(For providing correspondence such as Recipient Created Tax Invoices)

Title

Given name

Surname

Job title

Office telephone number

Mobile telephone number

E-mail address

Bank account details

(for grant funding payments if organisation is successful for funding)

Bank account contact person

Postal address

Bank

Branch

Account name

BSB code

Account number

Applications submitted in partnership or by a consortium (ONLY)

Some organisations may apply as a partnership, or as a consortium to deliver a joined up service.

If you are submitting a joint grant application or submitting on behalf of a consortium, a member organisation or a newly created organisation, must be appointed as the 'lead organisation'. Only the lead organisation will enter into a grant agreement with the Northern Territory Government, and will be responsible for the grant.

The lead organisation must complete this application form and identify all other members of the proposed consortium in the application. A letter of support will be sought from each organisation involved in the project.

Details of organisations in partnership or consortium for application

Organisation One

Organisation Name

Organisation office address

Chief Executive Officer (or equivalent) name

Job title

Office telephone number

Mobile telephone number

E-mail address

Organisation Two

Organisation Name

Organisation office address

Chief Executive Officer (or equivalent) name

Job title

Office telephone number

Mobile telephone number

E-mail address

Organisation Three

Organisation Name

Organisation office address

Chief Executive Officer (or equivalent) name

Job title

Office telephone number

Mobile telephone number

E-mail address

Please attach additional pages if required.

SELECTION CRITERIA (All service types)

Local Content

How many years has your organisation / service been established in the Northern Territory?

How many full-time equivalent (FTE) employees does your organisation / service currently employ, based in the Northern Territory?	
Number:	
As a percentage (%) of total workforce:	

How many full-time equivalent (FTE) Aboriginal employees does your organisation / service currently employ, based in the Northern Territory?	
Number:	
As a percentage (%) of total workforce:	

Provide details where any part of the requirement / service is to be sub-contracted.			
Name of proposed sub-contractor / supplier <small>(legal entity name)</small>	Summary of scope	Approximate value of subcontract	Territory Enterprise <small>(Note: A Territory Enterprise is an enterprise in the Northern Territory, with a significant permanent presence in the NT and employing NT residents)</small>
			Y / N
			Y / N

Detail the steps you have taken to increase the participation of local industry and/or Aboriginal participation in contract delivery.

What is the estimated amount spent on training (including apprenticeships) of NT-based staff in the last financial year?	
Dollar Figure:	
As a percentage (%) of payroll:	

Past performance

Describe your organisations experience in delivering flexible, culturally safe and competent specialist services to domestic violence clients and their children to improve safety, security and general wellbeing.

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Describe your organisation's capability to deliver culturally safe services and supports for Aboriginal clients including Aboriginal involvement in structure and workforce with appropriate level of qualifications and expertise and support.

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Capacity

Describe your organisation's staffing capacity and expertise to deliver locally and receive ongoing provision of cultural competency training that includes CALD / LGBTIQ.

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Describe how your organisation demonstrates compliance with incorporation requirements.

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Describe how your organisation demonstrates compliance with formal policies regarding financial processes/management.

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Describe how your organisation is compliant with reporting requirements, key performance indicators and has acquitted previous funding.

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Describe how your organisation is audited annually and is compliant with appropriate Acts and Regulations.

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Scope Specific

Describe how your organisation's service model is evidence and needs based.

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Describe how your service delivery model aligns with the specific service delivery requirements for that service type, as described in the Funding Guidelines.

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ALL SERVICES

Service Type and Details

Please select the service type that you are seeking funding for.

If you are applying for more than one service type listed below, please copy and complete this section for each service type that you are seeking funding for.

SERVICE TYPE (Refer to the Funding Guidelines for service delivery requirements)	SELECT
Specialist Accommodation Services:	<input type="checkbox"/>
Specialist Domestic, Family and Sexual Violence Services:	<input type="checkbox"/>
Prevention and Early Intervention Programs:	<input type="checkbox"/>
Research, Advocacy and Strengthening the Sector:	<input type="checkbox"/>
Perpetrator Interventions:	<input type="checkbox"/>

Contact person

(Your organisation's contact person for queries or information relating to the Service Type)

Title:

Given name:

Surname:

Job title:

Office telephone number:

Mobile telephone number:

Email address:

Service Delivery Location

Please provide details on the location/s (community, town, city) that your proposed service will be delivered in	
Please detail if the service is being delivered in an Urban Setting / Remote Setting	

Target Group(s)

Individuals from the following demographics:

Children 0 – 11 years old	<input type="checkbox"/> Targeted	<input type="checkbox"/> Not targeted but can respond	<input type="checkbox"/> Cannot support
Youth aged 12-24 years old	<input type="checkbox"/> Targeted	<input type="checkbox"/> Not targeted but can respond	<input type="checkbox"/> Cannot support
Adults 25 years and over	<input type="checkbox"/> Targeted	<input type="checkbox"/> Not targeted but can respond	<input type="checkbox"/> Cannot support
Males	<input type="checkbox"/> Targeted	<input type="checkbox"/> Not targeted but can respond	<input type="checkbox"/> Cannot support
Females	<input type="checkbox"/> Targeted	<input type="checkbox"/> Not targeted but can respond	<input type="checkbox"/> Cannot support
Families	<input type="checkbox"/> Targeted	<input type="checkbox"/> Not targeted but can respond	<input type="checkbox"/> Cannot support
Aboriginal and Torres Strait Islander	<input type="checkbox"/> Targeted	<input type="checkbox"/> Not targeted but can respond	<input type="checkbox"/> Cannot support
Non-English Speaking Background	<input type="checkbox"/> Targeted	<input type="checkbox"/> Not targeted but can respond	<input type="checkbox"/> Cannot support

Details of proposed Services

Provide a description of the service model(s):

(Provide a description of the Services proposed.)

(Word count guide: 1-page detail)

Evidence for need for service

Describe the evidence or the need for this service in the location it will be delivered:

(Trends and reasons why this service is needed and where the demand for the service is coming from)

(Word count guide: 250 words)

Describe how people are presently receiving these services in the region:

(Word count guide: 250 words)

Are there any other organisations offering the same or similar service in the region? If so, describe the need for additional services in the region, or describe how these services will complement each other:

(Word count guide: 100 words)

Alignment with DFSV Framework

Describe how this service will respond to the outcomes described in the Domestic, Family and Sexual Violence Reduction Framework

(See the Domestic, Family and Sexual Violence Reduction Framework)

https://territoryfamilies.nt.gov.au/_data/assets/pdf_file/0006/464775/Domestic,-Family-and-Sexual-Violence-Reduction-Framework.pdf

Word count guide: 200 words

Referrals to Service

Describe how individuals can access the services

Describe where referrals can be received from for the proposed services

Length of service provision

How long can services be provided for?
(Please provide details if length of service provision)

Client capacity

What is the total number of clients that can be managed at any one time?

Fixed

Approximate

Any other comments in relation to capacity:

Length of Accommodation Service *(**Specialist Accommodation Services only**)*

Crisis Accommodation (approx. 0 - 3 nights)

Short/medium Term Accommodation (approx. up to 13 weeks)

Accommodation Property Details / Client capacity *(**Specialist Accommodation Services only**)*

What are the structural address/s of the accommodations service

What are the lease arrangements of the accommodation services

What is the normal capacity per dwelling

Rooms:

Beds:

What is the estimated annual occupancy rate for the accommodation (per dwelling)

%

Any other comments in relation to capacity including alternatives offered if venue is at capacity:

Staff recruitment, training and supervision

Please provide details about recruitment, training, supervision and support mechanisms in place for staff ensuring they provide expert service delivery for clients. Please include minimum qualification standard and compulsory training that all staff must complete.

(Word count guide: 200 words)

Staffing details

Specialist support staff (i.e. case manager etc)		
Position Title	Qualifications required for position	Number of FTE positions
TOTAL		

Collaboration, partnership and sector integration

Acknowledging that the client group have complex, high needs, please demonstrate arrangements with other services and / or organisations demonstrating integrated service delivery:

(Word count guide: 200 words)

Funding

What is the total requested funding (per annum) for Services

\$ (GST Excl.)

Attach a forecasted income and expenditure statement for Services (inclusive of all expected income)

Attached

Please include relevant ERO and CPI obligations (refer to the Guidelines and SCOA attachment for further information)

Risks and Timeframes

Identify any risks and controls in place for the provision of Specialist Accommodation Services

Option to include your organisation's developed Risk Management Plan or utilise the template below.

Risk assessment			Risk control plan		
Risk description	Current control measure(s) in place	Current risk level High, Medium, or Low	Extra controls to be implemented if funding is approved	Date extra controls to be implemented	Revised risk level High, Medium, or Low
<i>e.g. Limited specialist staff to deliver the service</i>	<i>e.g. recruitment strategy, ongoing professional development to maintain staff, seek advice from Territory Families</i>	<i>e.g. Medium</i>	<i>e.g. Offer longer term contract for staff</i>	<i>e.g.</i>	<i>e.g. Medium</i>

Timeframe for implementation of service(s)

Provide a timeframe for implementation of services if funding is approved (if applicable)
Include dates, employment of staff, and any other risks that may be identified above.

DECLARATION

Authorised person declaration

This application 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:

- I am authorised to complete this application on behalf of INSERT NAME OF ORGANISATION and to sign and submit this proposal for funding to Territory Families
- The information contained in this application together with any attachments is, to the best of my knowledge and belief, true, accurate and complete in all material particulars.
- I understand that incomplete applications may not be considered.
- I have read and understood and agree to comply by the 2018 Funding Guidelines for Domestic, Family and Sexual Violence Reduction
- I understand that I may be requested to provide further clarification or documentation to verify the information supplied in this Proposal for Funding.
- I understand that if the proposal for funding is successful (approved) the organisation must enter into an agreement with Territory Families before financial assistance is provided.
- I agree to receive a Recipient Created Tax Invoice (RCTI) for this funding if this application is successful.
- If and where details of a third party are included, the third party has been made aware of, and given permission for those details to appear in this application.
- I give consent to Territory Families to make public the details of the applicant and the funding received, should this application be successful.

Describe any conflicts of interest that may arise from submitting this application:

- I understand and agree to the declaration above.
- I understand that giving false or misleading information is a serious criminal offence.
- I confirm the information I have provided in this application is true and correct.

Full Name _____

Position _____

Signature _____

Date
(dd/mm/yyyy) _____

CHECKLIST AND ATTACHMENTS

Checklist

Have you completed the below

The Grant Funding Application is completed in full	<input type="checkbox"/>
Additional Grant Funding Application has been completed for each service proposed (where multiple services are being applied for)	<input type="checkbox"/>
Completed the declaration	<input type="checkbox"/>
All the attachments below have been provided	<input type="checkbox"/>

Attachments Required

Your organisation must submit the following to facilitate an assessment for funding.

A copy of current strategic or business plan (for the funding period) (Only needs to be submitted once per organisation – if multiple applications are being submitted)	<input type="checkbox"/>
A copy of your organisation's 2018-19 Budget Plan (Only needs to be submitted once per organisation – if multiple applications are being submitted)	<input type="checkbox"/>
A copy of your organisations current organisational structure chart (Only needs to be submitted once per organisation – if multiple applications are being submitted)	<input type="checkbox"/>
A copy of your organisations most recent annual report / financial statement (Only needs to be submitted once per organisation – if multiple applications are being submitted)	<input type="checkbox"/>
Certificate of Registration of Legal Entity (Only needs to be submitted once per organisation – if multiple applications are being submitted)	<input type="checkbox"/>
Certificate of Accreditation or other similar documents (if applicable) such as Associations Act /ORIC (Only needs to be submitted once per organisation – if multiple applications are being submitted)	<input type="checkbox"/>
Details on your organisation's strategic workforce plan, including any policies relating to Aboriginal engagement, training, clearances (WWCC etc) (If available)	<input type="checkbox"/>
Letters of support from all organisations applying as part of a consortium or partnership (if applicable)	<input type="checkbox"/>
Any other attachments to the application required to answer specific questions (e.g. a diagram which illustrates how the proposed service(s) will be delivered)	<input type="checkbox"/>