# Targeted Participation Program Funding Expression of Interest Form – Category One ($50,001 to $150,000 per annum)

**ESSENTIAL**: to be eligible for Targeted Participation Program Category One funding as a ‘Community Organisation’ that delivers programs and/or deliver training and/or deliver sport and active recreation industry outcomes throughout Western Australia. Please complete the following:

|  |  |  |
| --- | --- | --- |
| **YES/NO** | **#** | **COMMUNITY ORGANISATION CRITERIA (ESSENTIAL)**  |
| Yes [ ]  No [ ]  | 1 | The organisation is a not-for-profit organisation and an incorporated association, company limited by guarantee or organisation registered to the Office of the Registrar of Indigenous Corporations (ORIC). |
| Yes [ ]  No [ ]  | 2 | Evidence of solvency (please provide the previous two years audited financials, if not in your annual reports). |
| Yes [ ]  No [ ]  | 3 | The objectives of the organisation demonstrates its primary role is to deliver services and/or programs to the community. |
| Yes [ ]  No [ ]  | 4 | Evidence of providing services and/or programs to specific area of the community (please provide Annual Reports). |
| Yes [ ]  No [ ]  | 5 | Demonstrated partnerships with State Sporting Associations, Local Government, Industry Representative Organisations/Peak Body or Not-for-Profit sector. |
| Yes [ ]  No [ ]  | 6 | Demonstrated ability to have delivered sport/active recreation programs and services to the community over the last two (2) years. |

***Ineligible for Category One***

* *Private Business*
* *Tertiary Education Institutions*

|  |
| --- |
| ***It is encouraged to contact the Department of Local Government, Sport and Cultural Industries (DLGSC) prior to submitting an application.******This will allow you to discuss your project and determine if it is eligible or qualifies forother DLGSC assistance.*** |
| **Have you spoken to a DLGSC contact before submitting your application?****S** | Yes [ ]  No [ ]  |
| **DLGSC contact’s Full Name:** |       |
| **DLGSC contact’s Position:** |       |

**Lead Applicant’s Details:**

|  |  |
| --- | --- |
| Organisation Name: |       |
| Postal Address: |       |
| Suburb: |       | State:       | Postcode:       |
| Street Address: |       |
| Suburb: |       | State:       | Postcode:       |
| Contact Phone:       | Facsimile:       |
| Website:       | Email Address:       |

**Grant preferred contact person:**

*All application correspondence will be directed to this person*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Title: | Dr [ ] Mr [ ]  Mrs [ ]  Ms [ ]  |
| Position Held: |       |
| Contact Phone: |       | Facsimile:       |
| Mobile Phone: |       | Email:       |

**Additional Lead Organisation Details:**

|  |  |
| --- | --- |
| Does your Organisation have an Australian Business Number (ABN)? *If your Organisation has no ABN, then your Organisation should contact the Australian Taxation Office (ATO) to discuss its eligibility to obtain an ABN.* | Yes [ ]  No [ ]  |
| ABN:       |
| Is your organisation registered for GST? | Yes [ ]  No [ ]  |
| Is your organisation not-for profit? | Yes [ ]  No [ ]  |
| Is your Organisation incorporated?*If yes, attach a copy of your organisation’s Certificate of Currency* | Yes [ ]  No [ ]  | Inc No:       |
| Bank Account Name:       |
| Financial Institution:       |
| BSB:       | Account No:       |
| Organisation Financial Year Start Date:       |
| Organisation Financial Year End Date:       |
| Does your organisation have public liability insurance?*If yes, attach a copy of your organisation’s Certificate of Currency*  | Yes [ ]  No [ ]  |

**Healthway and DLGSC Current Investment:**

|  |  |
| --- | --- |
| Does your organisation currently receive DLGSC Industry Investment Program funding to deliver activities to this target group? | Yes [ ]  No [ ]  |
| Does your organisation currently receive Healthway funding to deliver activities to this target group? | Yes [ ]  No [ ]  |
| If you responded ‘yes’ to either question, please contact the Community Participation Team before proceeding with your application.  |

**Partner 1 Applicant’s Details:**

|  |  |
| --- | --- |
| Organisation Name: |       |
| Postal Address: |       |
| Suburb: |       | State:       | Postcode:       |
| Street Address: |       |
| Suburb: |       | State:       | Postcode:       |
| Contact Phone:       | Facsimile:       |
| Website:       | Email Address:       |

**Grant preferred contact person:**

*All application correspondence will be directed to this person*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Title: | Dr [ ] Mr [ ]  Mrs [ ]  Ms [ ]  |
| Position Held: |       |
| Contact Phone: |       | Facsimile:       |
| Mobile Phone: |       | Email:       |

**Partner 1 Organisation Details:**

|  |  |
| --- | --- |
| Does your Organisation have an Australian Business Number (ABN)? *If your Organisation has no ABN, then your Organisation should contact the Australian Taxation Office (ATO) to discuss its eligibility to obtain an ABN.* | Yes [ ]  No [ ]  |
| ABN:       |
| Is your organisation registered for GST? | Yes [ ]  No [ ]  |
| Is your organisation not-for profit? | Yes [ ]  No [ ]  |
| Is your Organisation incorporated?*If yes, attach a copy of your organisation’s Certificate of Currency* | Yes [ ]  No [ ]  | Inc No:       |
| Organisation Financial Year Start Date:       |
| Organisation Financial Year End Date:       |
| Does your organisation have public liability insurance?*If yes, attach a copy of your organisation’s Certificate of Currency*  | Yes [ ]  No [ ]  |

**Healthway and DLGSC Current Investment:**

|  |  |
| --- | --- |
| Does your organisation currently receive DLGSC Industry Investment Program funding to deliver activities to this target group? | Yes [ ]  No [ ]  |
| Does your organisation currently receive Healthway funding to deliver activities to this target group? | Yes [ ]  No [ ]  |
| If you responded ‘yes’ to either question, please contact the Community Participation Team before proceeding with your application.  |

**Partner 2 Applicant’s Details:**

|  |  |
| --- | --- |
| Organisation Name: |       |
| Postal Address: |       |
| Suburb: |       | State:       | Postcode:       |
| Street Address: |       |
| Suburb: |       | State:       | Postcode:       |
| Contact Phone:       | Facsimile:       |
| Website:       | Email Address:       |

**Grant preferred contact person:**

*All application correspondence will be directed to this person*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Title: | Dr [ ] Mr [ ]  Mrs [ ]  Ms [ ]  |
| Position Held: |       |
| Contact Phone: |       | Facsimile:       |
| Mobile Phone: |       | Email:       |

**Partner 2 Organisation Details:**

|  |  |
| --- | --- |
| Does your Organisation have an Australian Business Number (ABN)? *If your Organisation has no ABN, then your Organisation should contact the Australian Taxation Office (ATO) to discuss its eligibility to obtain an ABN.* | Yes [ ]  No [ ]  |
| ABN:       |
| Is your organisation registered for GST? | Yes [ ]  No [ ]  |
| Is your organisation not-for profit? | Yes [ ]  No [ ]  |
| Is your Organisation incorporated?*If yes, attach a copy of your organisation’s Certificate of Currency* | Yes [ ]  No [ ]  | Inc No:       |
| Organisation Financial Year Start Date:       |
| Organisation Financial Year End Date:       |
| Does your organisation have public liability insurance?*If yes, attach a copy of your organisation’s Certificate of Currency*  | Yes [ ]  No [ ]  |

**Healthway and DLGSC Current Investment:**

|  |  |
| --- | --- |
| Does your organisation currently receive DLGSC Industry Investment Program funding to deliver activities to this target group? | Yes [ ]  No [ ]  |
| Does your organisation currently receive Healthway funding to deliver activities to this target group? | Yes [ ]  No [ ]  |
| If you responded ‘yes’ to either question, please contact the Community Participation Team before proceeding with your application.  |

**Project:**

|  |
| --- |
| **Project Title:**       |
| **Project Start Date:** *(DD/MM/YY)*:      | **Project End Date** *(DD/MM/YY)***:**       |
| **Location of Project:** |
| **Metropolitan/Regional** | **Local Government, Suburbs/Towns** |
| [ ]  Metropolitan  |       |
| [ ]  Kimberley |       |
| [ ]  Pilbara |       |
| [ ]  Gascoyne |       |
| [ ]  Mid-West |       |
| [ ]  Wheatbelt |       |
| [ ]  Peel  |       |
| [ ]  South West  |       |
| [ ]  Great Southern |       |
| [ ]  Goldfields |       |

|  |
| --- |
| **Is this a new project**?Yes [ ]  No [ ] If no, how many years has the project/program been offered -       |

**Project Details:**

|  |
| --- |
| Please provide an overview of the project.  |
|  \*100 words\*      |

**Funding Categories:**

1. **Targeted Populations**

Please complete the following table by categorising and providing approximate numbers of the anticipated target group/s for your project

|  |
| --- |
| **TOTAL ANTICIPATED TARGET POPULATIONS** |
| **1.1****Who is the one primary population the program will target to engage? (Please choose one of the following: Disengaged Youth; Aboriginal; People with a Disability; Seniors (60+); Adolescent Girls (12-17); Low Socio-Economic; or Culturally and Linguistically Diverse (CaLD))** |       |
| **1.2****How many of the one primary population (chosen above in 1.1) will the organisation anticipate aiming at targeting to engage in the program?** |       |
| **1.3****What will be the secondary population/s the program will target to engage? (Please choose one of the following: Disengaged Youth; Aboriginal; People with a Disability; Seniors (60+); Adolescent Girls (12-17); Low Socio-Economic; or Culturally and Linguistically Diverse (CaLD))** |       |
| **1.4****How many of the secondary population (chosen above in 1.3) will the organisation anticipate aiming at targeting to engage in the program?** |       |

1. **Total Anticipated Reach**

Please complete the following table by categorising and providing approximate numbers of the anticipated age group/s of both participants/organisers and audience/spectators for your project (You may select more than one option)

**Participants/Organisers**

Includes all people who will actively participate in or organise the project(s)/event(s).

**Audience/Spectators**

Includes all people who will specifically attend the venue/location to watch the project(s)/event(s) and are not involved as participants or organisers. Do not include those watching the project(s)/event(s) on TV or online.

|  |
| --- |
| **TOTAL ANTICIPATED REACH NUMBERS** |
| **AGE GROUP** | **PARTICIPANTS/ORGANISERS** | **AUDIENCE/SPECTATORS** | **TOTALS** |
| **Male** | **Female** | **Total** | **Male** | **Female** | **Total** | **Grand total** |
| [ ]  **Children 12 and under** |       |       |       |       |       |       |       |
| [ ]  **Youth 13 – 17** |       |       |       |       |       |       |       |
| [ ]  **Adult 18 – 54** |       |       |       |       |       |       |       |
| [ ]  **Senior 55 and over** |       |       |       |       |       |       |       |
| **TOTALS** |       |       |       |       |       |       |       |

**Project Description:**

Each application will be assessed against all the following criteria (100 words to each outcome):

* **Participation** *(Assessment Criteria 1)*
* **Partnerships** *(Assessment Criteria 2)*
* **Capacity Building** *(Assessment Criteria 3)*
* **Positive Health Behaviours** *(Assessment Criteria 4)*
* **Healthy Environments** *(Assessment Criteria 5)*

Please refer to the funding guidelines on the website for more information on each of these criteria.

|  |
| --- |
| **Assessment Criteria 1 - Participation****How does your project increase the physical activity levels of targeted participation groups?***Please demonstrate:* * + How does the project increase sport and/or active recreation?
	+ Who will be participating and how many approximately?
	+ How and where will you engage your target group?
	+ How will you advertise the program? What strategies will be used?
 |
| \*100 words\*      |
| **Assessment Criteria 2 - Partnerships****How does your project increase partnerships between community service organisations and sport and active recreation groups to deliver the project?***Please demonstrate:** + Why is the project needed?
	+ How is the project to be developed, managed, and delivered?
	+ What evidence supports the need for the project?
 |
| \*100 words\*      |
| **Assessment Criteria 3 – Capacity Building** **How will the project provide opportunities to improve the skills and capacity of the community group and their volunteers through education, mentoring and training programs?***Please demonstrate:* * What strategies for engaging the target group and improve the skills and capacity are in place?
* What experience does your organisation have in building capacity of the target group?
 |
| \*100 words\*      |
| **Assessment Criteria 4 - Positive Health Behaviors**What health promotion strategies will be integrated into the project and how will it be evaluated?*Please demonstrate:* * What strategies that influence health behaviours are in place?
* How will the project be monitored and evaluated?
* What health changes will remain in place when the grant concludes?
* For example, will participants bring/or be served fruit or vegetable snacks aligned to your program? Will you suggest water only be consumed in relation to your activity?
 |
| \*100 words\*      |
| **Assessment Criteria 5 – Healthy Environments****How will the project increase healthy environments for the targeted populations?** *Please demonstrate:* * How will you provide healthy food (fruit, healthy snacks and low-fat foods), free water and not display sugary drinks?
* Provide sunshade and sunscreen?
* How the project will encourage warm-ups and avoid injury during physical activity?
* How the project will create smoke-free (including e-cigarettes and Shisha) indoor and outdoor areas?
* How will the project provide inclusive, supportive environments that promote good mental health and wellbeing?
 |
| \*100 words\*      |
| **Has the organisations considered all risks associated with the project?** Yes [ ]  No [ ] **How will you manage the risks of the project?***Please demonstrate:* * What strategies are to be put in place for the identified risks?
 |
| \*100 words\*      |
| **Any additional information?** |
| \*100 words\*      |

**Budget and Milestones**

|  |  |
| --- | --- |
| Total Income excluding GST*(Include all costs involved for this project, including in-kind contributions from your organisation/other* *organisations)* | $      |
| Total Expenditure excluding GST | $      |
| Funding Requested from DLGSC ($50,000 min / $150,000 max) and/or other organisations excluding GST | $      |

**Project budget**

### Please list all anticipated costs of your project in as much detail as possible, including which expense items the department’s contribution would fund:

| Revenue/expenditure | **Proposed amount ($)** | **Funding source** |
| --- | --- | --- |
| **Revenue item excluding GST** |  |  |
|  |  |  |
| Supplied by your organisation  |  |  |
| 1. Total revenue excluding GST
 |  |  |
| Expenditure item\* excluding GST *Please include all costs involved for this project, including in-kind contributions from your organisation/other organisations. Include approximate $ per hour/day for each item where applicable* | **Proposed amount ($)** | **Funding source** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. **Total expenditure excluding GST**
 |  |  |

**Disclosure and Certification**

**Child Safeguarding Information:** *(For organisations that undertake child related work or activities)*

|  |
| --- |
| **Every child has the right to feel safe when participating in arts, cultural, sporting, recreation, and community activities. Organisations that undertake child-related work or activities have a duty of care to keep children and young people (those aged under 18 years) safe from harm. Protecting children and young people from abuse, discrimination and harassment is both a legal requirement and an ethical obligation. This includes complying with the Working with Children Check (Criminal Record Checking) Act 2004.** **Use the following resources to assist your organisation to protect children and young people:*** Working with Children Check legislation

[www.workingwithchildren.wa.gov.au](http://www.workingwithchildren.wa.gov.au/) * National Principles for Child Safe Organisations

<https://www.humanrights.gov.au/our-work/childrens-rights/national-principles-child-safe-organisations> * ‘Club toolkit’ on the Play by the Rules website

[www.playbytherules.net.au/features-mainmenu/club-toolkit](http://www.playbytherules.net.au/features-mainmenu/club-toolkit)**Does your organisation consider itself to undertake child related work?**Yes [ ]  No[ ]  Not Applicable [ ]  |
| **Does your organisation understand its obligations under Working with Children Check (Criminal Record Checking) Act 2004?**Yes [ ]  No[ ]  Not Applicable [ ]  |  |

**Promotional Use of Project Material:**

|  |  |
| --- | --- |
| DLGSC may wish to use certain information from your grant for promotional purposes. If your application is successful, can we promote your project to the media? | Yes [ ] No [ ]  |

**Privacy statement and statement of disclosure**

**The Organisation acknowledges and agrees that this Agreement and information regarding it is subject to the Freedom of Information Act 1992 and that the Grantor may publicly disclose information in relation to this Agreement, including its terms and the details of the Organisation.**

Any information provided by you to DLGSC can be accessed by you during standard office hours and updated by writing to DLGSC or calling the DLGSC office listed below.

All information provided on this form and gathered throughout the assessment process will be stored on a database that will only be accessed by authorised departmental personnel and is subject to privacy restrictions.

DLGSC may wish to provide certain information to the media for promotional purposes. The information will only include the applicant’s club name, sport, location, and grant purpose.

DLGSC will subscribe the preferred grant contact for this application to the DLGSC industry newsletter, no matter the outcome of this application.

**Applicant’s Certification**

I certify that the information supplied is to the best of my knowledge, true and correct.

I certify that I have the authority, as vested by the Board/Committee/Council/CEO, to submit this application by electronic transmission.

**Name:**

**Office Bearer/Position:**

**Signature:** \*

**Date:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_club information**

If you have any queries about your eligibility or the details required when applying for this grant, please contact DLGSC Metropolitan Office, 246 Vincent Street, Leederville, on (08) 9492 9700 or tpp@dlgsc.wa.gov.au.

Once you have discussed your application with the DLGSC Metropolitan Office, please submit the following via email tpp@dlgsc.wa.gov.au:

* ***A completed and signed copy of this application***
* ***A completed Part 1 of the Child Safeguarding Self-Assessment as provided by DLGSC*** [***https://dlgsc.wa.gov.au/department/child-safeguarding***](https://dlgsc.wa.gov.au/department/child-safeguarding)
* ***A copy of your incorporation certificate***
* ***A copy of your public liability insurance certificate***

*\*A signature is required to be eligible for this grant and will be requested if not provided when you submit. Electronic signature accepted.*

**Further information and contact details**

Please contact the Community Participation Team at DLGSC:

 Telephone: (08) 9492 9700

 Email: tpp@dlgsc.wa.gov.au

**DLGSC Regional Offices**

|  |  |
| --- | --- |
| **Gascoyne Office (Carnarvon)**15 Stuart Street, Carnarvon WA 6701PO Box 140, Carnarvon WA 6701Telephone 08 9941 0900gascoyne@dlgsc.wa.gov.au | **Mid-West Office**Level 1, 268-270 Foreshore Drive, Geraldton WA 6530PO Box 135, Geraldton WA 6531Telephone 08 9956 2100midwest@dlgsc.wa.gov.au |
| **Goldfields Office**106 Hannan Street, Kalgoorlie WA 6430PO Box 1036, Kalgoorlie WA 6430Telephone 08 9022 5800goldfields@dlgsc.wa.gov.au | **Great Southern Office**22 Collie Street, Albany WA 6330 Telephone 08 9892 0100greatsouthern@dlgsc.wa.gov.au |
| **Kimberley Office (Broome)**Unit 2, 23 Coghlan Street, Broome WA 6725Telephone 08 9195 5749kimberley@dlgsc.wa.gov.au | **Pilbara Office**Karratha LeisureplexDampier HighwayPO Box 941, Karratha WA 6714Telephone 08 9182 2100pilbara@dlgsc.wa.gov.au |
| **Peel Office**Suite 94, 16 Dolphin Drive, Mandurah WA 6210PO Box 1445, Mandurah WA 6210Telephone 08 9550 3100peel@dlgsc.wa.gov.au | **South West Office**80A Blair Street, Bunbury WA 6230PO Box 2662, Bunbury WA 6231Telephone 08 9792 6900southwest@dlgsc.wa.gov.au |
| **Wheatbelt Office (Northam)**298 Fitzgerald Street, Northam WA 6401PO Box 55, Northam WA 6401Telephone 08 9690 2400wheatbelt@dlgsc.wa.gov.au | **Wheatbelt Office (Narrogin)**Narrogin Regional Leisure Centre 50 Clayton Road, Narrogin WA 6312Telephone 08 9690 2400wheatbelt@dlgsc.wa.gov.au |