

2022 ACT Youth Week Grants Program

Form Preview

How to complete this form

Before You Start

Applications close 12:00pm (Midday), Monday 22 November 2021.

Please refer to the 2022 ACT Youth Week Grants Guidelines before completing your application form.

For a copy of the Guidelines and for updates and answers to questions please visit:

<https://www.communityservices.act.gov.au/home/grants>

If your organisation is being auspiced and is filling out this application form, the Community Services Directorate will communicate directly with the auspicings organisation should your organisation be recommended for funding. The obligations of the auspicings organisation are as follows.

The Auspicings Body will:

1. Be the applicant for this grant funding and if successful contract directly with the Community Services Directorate for the receipt of grant funding, and comply with all grant funding contractual obligations, including the provision of progress reports, final reports and financial acquittal documentation.
2. Be the entity that will accept the grant funding for the Project and administer the funding in accordance with the Grant Guidelines and Deed of Grant.
3. Disburse grant funding to the Auspicings Party in accordance with the Grant Guidelines and Deed of Grant and not unreasonably withhold funding from the Auspicings Party for the implementation of the Project.

For more information, please contact the Office for Youth Engagement team during business hours on (02) 6205 3064 or email youthinteract@act.gov.au Further information and updates can also be found at the Community Services Directorate website:

<https://www.communityservices.act.gov.au/home/grants>

For assistance with submitting an application through the SmartyGrants system please contact the Office for Youth Engagement team on (02) 6205 3064 or email youthinteract@act.gov.au

Applicant Eligibility and Contact Details

* indicates a required field

Entity Type

Before completing this application form, you should have read the 2022 ACT Youth Week Grants Guidelines available at:

<https://www.communityservices.act.gov.au/home/grants>

NOTE Refer to **Section 5** of the Guidelines.

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If you do not meet any of the below eligibility criteria you should not proceed with this application. If you are not sure to any of these questions, please contact the Grants Program Officer and seek clarification.

If you have any questions about the application process or require assistance in filling out this form, please contact the Office for Youth Engagement team on (02) 6205 3064 or youthinteract@act.gov.au

What entity type are you? *

- Organisation
- Individual
- Education Institution

Will you or your organisation be in an auspice arrangement? *

- Yes
- No

Has the auspice organisation agreed to the auspice arrangement? *

- Yes
- No

Individual Eligibility Requirements

Are you aged between 12-25 years? *

- Yes
- No

Do you live in the ACT? *

- Yes
- No

Please upload evidence of your ACT residency? *

Attach a file:

Evidence of residency must state your current address, have a date of issue displayed and must not be older than 6 months. For example, a copy of a recent rates notice, rent or utility statement or drivers licence.

Have you met acquittal conditions for previous funding received from the ACT Government? *

- Yes
- No
- Not applicable as I have not received any previous funding from the ACT Government

If unsure please contact Community Relations and Funding Support at CSDGrants@act.gov.au for assistance with acquittal status.

Do you have Public Liability Insurance?

- Yes
- No
- I will provide later if successful

If you have answered yes, please attach a copy of public liability insurance as below. The Office for Youth Engagement team will

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be in contact to discuss Public Liability Insurance options with you if you are successful in this grant round.

Please attach a copy of your public liability insurance

Attach a file:

Individual Contact Details

Please note: If you are under the age of 18 years and your application is successful you will require a parent/guardian to sign the Letter of Offer. Please enter the details of the parent/guardian under secondary applicant.

Applicant Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant Date of Birth *

Must be a date.

Name of parent/guardian if this application is on behalf of a minor

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to minor

Applicant Home Address *

Address

Suburb State Postcode

Postal Address (if different from above)

Address

Suburb State Postcode

Applicant Home Phone Number

Must include area code

Applicant Mobile Number *

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Secondary Phone Number

Please provide an alternative contact number for non-trading periods such as Christmas shut down and school holidays

Applicant Email Address

*

Secondary Email Address

Please provide an alternative email address for non-trading periods such as Christmas shut down and school holidays

Supporting Organisation Information - If relevant

Supporting Organisation Name

Supporting Officer Name

Supporting Organisation Postal Address

Address

Suburb State Postcode

Must be an Australian postcode.

Supporting Organisation Phone Number

Must be an Australian phone number, including area code

Supporting Organisation Email Address

Must be an email address.

In what way will the organisation be supporting you?

Organisation Eligibility and Contact Details

* indicates a required field

Organisation Eligibility

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Are you an incorporated legal entity that is not-for-profit? *

- Yes
 No

Have you met acquittal conditions for previous funding received from the ACT Government? *

- Yes
 No
 Not applicable as my organisation has not received any previous funding from the ACT Government
If unsure please contact Community Relations and Funding Support at CSDGrants@act.gov.au for assistance with acquittal status.

Please provide details of any grants your organisation has received in the last two years

Organisation Contact Details

Organisation Name *

Organisation Name

Organisation Address *

Address

Suburb State Postcode

Must be an Australian postcode.

Postal Address (if different from above)

Address

Suburb State Postcode

Must be an Australian postcode.

Organisation Website

Must be a URL.

Applicant Name *

Title First Name Last Name

Position held in Organisation *

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Applicant Work Number

*

Must be an Australian phone number.

Applicant Mobile Number

Must be an Australian phone number.

Secondary Phone Number

Please provide an alternative contact number for non-trading periods such as Christmas shut down and school holidays

Applicant Email Address

*

Must be an email address.

Secondary Email Address

Please provide an alternative email address for non-trading periods such as Christmas shut down and school holidays

Is your Organisation Incorporated? *

- Yes
 No

If your organisation is not incorporated, it is important that your organisation is auspiced by an incorporated entity with an Australian Business Number (ABN).

IA, ACN or ICN Number

Incorporated Association or Australian Corporation or Indigenous Incorporation Number. If no, you must be sponsored by an incorporated sponsoring organisation.

Please upload your certificate of incorporation

Attach a file:

Does your Organisation have an ABN? *

- Yes
 No

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

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Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

If you are successful to receive a grant, you must provide a copy of your Public Liability Insurance? *

- Yes
 No
 I will provide later, if successful

If you have answered yes, please attach a copy of public liability insurance as below.

Please attach a copy of your organisation's public liability insurance

Attach a file:

Please check that your Public Liability is current and has not expired.

Auspice Organisation Details

Auspice Organisation Name *

Organisation Name

Auspice Address *

Address

Suburb State Postcode

Must be an Australian postcode.

Auspice Postal Address (if different from above)

Address

Suburb State Postcode

Must be an Australian postcode.

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Auspice Contact Person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Auspice Contact Person Position

Auspice Contact Person Phone Number *

Must be an Australian phone number. Must include area code

Secondary Phone Number

Please provide an alternative contact number for non-trading periods such as Christmas shut down and school holidays

Auspice Contact Person Email Address *

Must be an email address.

Secondary Email Address

Please provide an alternative contact number for non-trading periods such as Christmas shut down and school holidays

IA or ACN Number *

Incorporated Association or Australian Corporation Number.

Please upload your certificate of incorporation

Attach a file:

Please attach signed certification letter by Office Bearer of Auspicing Organisation *

Attach a file:

Document outlining the terms of the auspicing agreement signed by the President, Chair, Secretary or Treasurer. Letter must include, name, position, signature and date. Refer to Item 5.3 of the Grant Guidelines. Max 25mb

Does the Auspice Organisation have an ABN Number? *

- Yes
 No

Auspice ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN

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Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type [More information](#)
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Do you have Public Liability Insurance? *

- Yes
 No
 I will provide later if successful

If you have answered yes, please attach a copy of public liability insurance as below. Please note all successful grantees are required to have Public Liability Insurance in place prior to your event/project taking place.

Please attach a copy of your auspice organisation's public liability insurance

Attach a file:

Please check that your Public Liability is current and has not expired.

Education Institution Eligibility and Contact Details

* indicates a required field

Education Institution Name *

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register

ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type [More information](#)

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ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Applicant Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant's Position held in Education Institution *

Education Institution Physical Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Education Institution Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
if different from Physical Address

Applicant's Phone Number *

Must be an Australian phone number.

Secondary Phone Number

Please provide an alternative contact number for non-trading periods such as Christmas shut down and school holidays

Applicant's Email *

Must be an email address.

Secondary Email *

Please provide an alternative email address that will be monitored during non-trading periods such as Christmas shut down and school holidays

Does your Education Institution have Public Liability insurance? *

- Yes
 No

Please attach a copy of your Educational

Attach a file:

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Institution's Public Liability Insurance

Project Details

* indicates a required field

If you are offered a grant less than the amount you have requested, are you able to proceed with your project/activity? *

- Yes
- No

Please provide a brief explanation of how your project will remain viable with a grant less than the amount you have requested. *

If the funding is available after commencement of your project, are you able to proceed with your project/activity? *

- Yes
- No

Project

Project Title *

Project Start Date *

Must be a date.

The Project must take place during 2022 ACT Youth Week between 4 April 2022 and 14 April 2022.

Project End Date *

Must be a date.

The Project must take place during 2022 ACT Youth Week between 4 April 2022 and 14 April 2022.

Project Launch Date *

Must be a date.

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Is your project completion date and / or delivery date in line with the 2022 ACT Youth Week dates, Monday 4 April 2022 to Thursday 14 April 2022? *

- Yes
- No

Please upload a project plan to support your application

Attach a file:

Age Group *

- 12-14 years
- 15-17 years
- 18-25 years

May select more than one age group.

What area of Canberra (ACT) will you deliver your project? *

- Belconnen
- Civic
- Inner North
- Inner South
- Gungahlin
- Lanyon Valley
- Tuggeranong
- West Belconnen
- Weston
- Woden Valley
- Other:

How many young people are anticipated to participate in this project? *

- 1-10
- 11-20
- 21-30
- 31+

Is this event free of charge for young people? *

- Yes
- No

Do you have support from young people and/or your local community to host this event? *

- Yes
- No

Assessment Criterion

Please provide a response against each criterion addressing how your event/program meets the criteria and aim of the grant.

All submission will be assessed according to the 2022 Youth Week Grant Program Guidelines to ensure eligibility against the following criteria:

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The application demonstrates and address the aims of the 2022 Youth Week Grant Program for project that:

1. encourages a range of young people to get involved in their local community and increases their personal and professional development;
2. provides safe, smoke, alcohol and drug free entertainment and recreational opportunities for young people in the ACT;
3. involves young people at all levels of organisation and management;
4. supports and involves the local community;
5. is led by young people, when an activity, event or project is supported by an organisation; and
6. is free to young people to access, attend or participate in.

1. Describe your project. *

Tell us about the project. What are the main objectives and outcomes?

2. Describe how the concept for the project came about? *

3. Describe how young people are involved in the development and delivery of the project? *

4. How does the project support or involve the local community? *

5. Please list any stakeholders and partners who have expressed interest or are involved in the project? *

How are they involved? or How are they supporting the project?

6. How will you promote this project? *

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Additional Information

Please upload any additional information or documentation that may support your application if you feel it is required.

Additional Information file upload

Attach a file:

Additional Comments

Project Referee

Please list the details of one referee for your project.

A referee should be someone who can support your application.

Name *

Phone Number *

Must be an Australian phone number.

Email Address *

Must be an email address.

Relationship to Applicant *

Not a family member or friend.

Role and/or contribution towards project *

Budget Information

* indicates a required field

Total amount requested (GST Exclusive) *

Must be a dollar amount and no greater than \$2,000.

Total project cost (GST Exclusive) *

What is the total budgeted cost of your project?

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Have you applied for any other grants to fund this project? *

Yes
 No

If yes, please provide details of which grant.

Have you received quotes or estimates to deliver your project? *

Yes
 No

Please upload any quotes or estimates you have received

Attach a file:

Budget Details

Please provide an itemised budget of all expenses associated with the project.

Item and Description	ACT Youth Week Grant (\$)
For example, material and labour cost for painting a mural.	Must be a dollar amount.
	\$

Please provide financial and in-kind support from other organisations. If not applicable, please indicate *Nil* under name of organisation and \$0 under in-kind support (\$).

Name of organisation	In-kind Support (\$)
	Must be a dollar amount
	\$

Review, Submit and Feedback

* indicates a required field

Acknowledgement - Individuals

I acknowledge that to the best of my knowledge the statements made within this application and the information provided is true and correct, and I understand that if the Community

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Services Directorate approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application and Letter of Offer.

If selected as the successful applicant, I consent to the Community Services Directorate using and publishing photographic images and audiovisual recordings (the Material) of the project in this application for informational and promotional purposes.

These include:

- Community Services Directorate promotional material and reports;
- External and educational publications;
- Website; and
- Social media

I agree that the above can be retained in the Community Services Directorate library for future use.

I agree *

- Yes
 No

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date *

Must be a date

Acknowledgement - Individuals Auspiced by an Organisation

This MUST be completed by the applicant organisation.

I acknowledge that to the best of my knowledge the statements made within this application and the information provided is true and correct, and I understand that if the Community Services Directorate approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application and Deed of Grant or Letter of Offer.

I acknowledge that the Auspice Provider has been consulted and has agreed to undertake the role as an auspice provider.

If selected as the successful applicant, I consent to the Community Services Directorate using and publishing photographic images and audiovisual recordings (the Material) of the project in this application for informational and promotional purposes.

These include:

- Community Services Directorate promotional material and reports;
- External and educational publications;
- Website; and
- Social media.

I agree that the above can be retained in the Community Services Directorate library for future use.

I agree *

- Yes

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No

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date

Must be a date.

Acknowledgement - Organisations

This MUST be completed by the applicant organisation.

I acknowledge that to the best of my knowledge the statements made within this application and the information provided is true and correct, and I understand that if the Community Services Directorate approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application and Deed of Grant or Letter of Offer.

If selected as the successful applicant, I consent to the Community Services Directorate using and publishing photographic images and audiovisual recordings (the Material) of the project in this application for informational and promotional purposes.

These include:

- Community Services Directorate promotional material and reports;
- External and educational publications;
- Website; and
- Social media.

I agree that the above can be retained in the Community Services Directorate library for future use.

I agree *

Yes
 No

Applicant's Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Date *

Must be a date.

Additional Documents

Attach a file:

Please upload any additional information you would like to provide

Acknowledgement - Educational Institutions

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This MUST be completed by the applicant organisation.

I acknowledge that to the best of my knowledge the statements made within this application and the information provided is true and correct, and I understand that if the Community Services Directorate approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application and Deed of Grant or Letter of Offer.

If selected as the successful applicant, I consent to the Community Services Directorate using and publishing photographic images and audiovisual recordings (the Material) of the project in this application for informational and promotional purposes.

These include:

- Community Services Directorate promotional material and reports;
- External and educational publications;
- Website; and
- Social media.

I agree that the above can be retained in the Community Services Directorate library for future use.

I agree *

- Yes
 No

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Date *

Must be a date.

Additional documents

Attach a file:

Please upload any additional information you would like to provide

Privacy Notice

All applications submitted to the ACT Youth Week Grants are accepted in confidence.

The Inclusion and Participation Unit may liaise with other ACT Government funding agencies regarding your application and compliance with the reporting and acquittal requirements of other ACT Government funding.

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in the Community Services Directorate records and may also be used for statistical research, information provision and evaluation of services. Your personal information may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these

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circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback.

We would value any feedback you may have regarding our online grants application process.

Please indicate how you found the online application process:

- Very easy Easy Neither Difficult Very difficult

How much time did it take you to complete this application?

Please tell us how you found out about the 2022 ACT Youth Week Grants Program

- Social Media
 ACT Government Grant Portal
 Flyers
 Word of Mouth

Please provide us with any improvements and/or additions to the application process/form that you think we need to consider:

No more than 100 words.