

CSO Growth & Attraction Fund - Expression of Interest Form

Form Preview

Eligibility Check

* indicates a required field

Before you proceed

This section of the form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions about this form or the criteria, please contact the City of Casey's Grants Team on 9705 5200 or communitygrants@casey.vic.gov.au.

If you do contact us throughout this process, please quote the application number below:

Application Number

This field is read only.

Confirmation of Eligibility

This Expression of Interest is open to not-for-profit (NFP) community service organisations who are accountable to a governing body and that have been established for the primary purpose of providing psychosocial, physical, educational, financial, and other support services and assistance to individuals, families, and groups.

I confirm that the applicant:

- is an established NFP community service or charitable organisation (auspices are not accepted for this funding)
- is a legally constituted entity (eg. a cooperative, incorporated association, company or trust)
- have a Committee or Board of Management that will accept responsibility for the administration of the funding and acquittal
- holds current public liability insurance and professional indemnity insurance to cover staff, volunteers, members, and the general public, as appropriate (minimum \$20,000,000)
- is committed to equal opportunity, non-discriminatory and culturally sensitive practice, and
- is financially viable.

Please select below: *

Yes

No

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If you have discussed this Expression of Interest with a member of Council staff, who have you spoken with?

Please leave blank if you have not spoken to anyone from Council

Getting to know you

* indicates a required field

Privacy Statement

The City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014. All personal information collected by the City of Casey will only be used for the purposes outlined within our Privacy Policy. Council's Privacy Policy is available from our website www.casey.vic.gov.au/council/your-council/privacy and all Council Customer Service Centres. For further Information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website <https://www.casey.vic.gov.au/contact> or by calling on 9705 5200.

Your Organisation

Name of applicant organisation *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ACNC or ATO.

Postal address

Address

Main office phone number *

Must be an Australian phone number.

Website

Must be a URL.

What is your organisation's legal structure? *

What is your incorporation number, if you have one?

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What is your 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
ACNC Registration	
Tax Concessions	
Main business location	

Please attach a Certificate of Currency for your public liability insurance (mimimun \$20,000,000) *

Attach a file:

Your Contact Details

Organisation contact person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person we will correspond with about this EOI.

Position held in organisation *

e.g., CEO, Manager, Board Member

Preferred contact number *

Must be an Australian phone number.

Preferred email address *

This is the address we will use to correspond with you about this EOI.

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About your organisation

* indicates a required field

Please briefly describe your organisation's governance structure. *

Eg. Advisory board membership, Committee of Management and their roles

Can you tell us about your organisation's experience in community sector and partnership development. *

Eg. Previous and current partnership activities, collaborations and network building.

What strategies do you use to identify, cultivate and maintain successful partnerships? Can you give an example? *

Can you briefly tell us about your organisation's experience with developing a theory of change and program evaluation? *

Please attach your most recent annual report: *

Attach a file:

Your Proposal

* indicates a required field

Provide a title for this initiative. *

Provide a working title for your proposed partnership/initiative. This can be changed later as needed.

Provide a short summary about your idea. *

Word count:

Must be no more than 200 words.

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Be descriptive, but succinct. Include a brief summary of who this initiative is for (i.e. beneficiaries), who will be involved (ie. partners), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

Purpose of this partnership

What specific barriers to accessibility is this initiative seeking to address? *

Word count:

Tell us why this partnership/collaboration is needed. 200 words or less.

Describe the change your initiative is seeking to achieve? *

Describe the change/s you will see if the initiative is successful. 200 words or less.

Who will you work with?

Who are your partners and what role will they play in this?

Name of Partner Organisation	Describe the skills/ expertise they offer	How will they assist you with the partnership	Have you worked together before?
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You can add extra rows if required.			

Please define the role of the key people who you think will contribute to this initiative. For example; coordination, evaluation, promotion, admin etc

Role	Organisation	Position title
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You can add extra rows if required		

What will you do?

Tell us about the activities you plan to undertake in order to create change. *

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Word count:

Must be no more than 300 words.

You can use bullet points or a numbered list.

Who will this initiative reach?

Who are the primary beneficiaries of this project/program? *

Please choose only the group/s that are at the very core of this project. If your initiative is open to everyone, choose the first item, 'Universal - no particularly targeted beneficiaries'.

Does this proposal target/support a specific priority population in Casey? *

- Aboriginal and Torres Strait Islander people People in low socioeconomic groups and areas
- Children and young people (aged 10-25) People living with chronic health conditions (including mental health conditions)
- LGBTIQ+ (Lesbian, gay, bisexual, queer, intersex and/or other gender diverse) people People living with disability
- Multicultural people (including Refugees and Asylum Seekers) N/A
- People aged over 55 Other:

Approximately how many men, women, and non-binary people could directly benefit from this proposal? Approximate Number

Female	
Male	
Non binary	
	Must be a number.

Have you considered how the people who are targeted and impacted by this work will be involved or engaged? *

Expected Outcomes

* indicates a required field

We are looking to initiatives that deliver measurable results and specific outcomes for the Casey community.

Tell us how this initiative will be locally led. *

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Word count:
Must be at least 100 words.

Can you describe how this initiative could provide innovative solutions to changing needs and social challenges in Casey? *

Word count:
Must be no more than 100 words.

How will this initiative apply best practice principles that support and enable the community to thrive? *

Word count:
Must be no more than 100 words.

How could this partnership offer long lasting and cascading impacts across Casey? *

Word count:
Must be no more than 100 words.

Initial Project Timing and Cost Estimates

Anticipated Start Date *

Anticipated End Date *

Total Funding Requested *

\$

An estimate of the total financial support you are requesting in this application.

Total Project Cost *

Estimate the total expected cost (dollars) of this initiative.

At a high level, what will be the main expected costs associated with the initiative? (eg. wages, training, evaluation, setup) *

Will other sources of income, funding or in-kind contributions be needed or used for this work? *

Is there anything else you would like to add at this stage?

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You can upload any additional documents, letters of support, related reports, infographics etc (optional):

Attach a file:

A maximum of 5 files can be attached. Each file must be a maximum of 5 pages in length.

Certification and declaration

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (this may be different to the contact person listed earlier in this form).

I certify that to the best of my knowledge the statements made within this form are true and correct.

I understand that the organisation may be invited to submit a more detailed application. An invitation to submit an application is no guarantee that the project will be funded.

I agree *

Yes

No

Name of authorised person *

Title First Name Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Do you give permission for your contact details to be shared with other officers across Council who may contact you about other opportunities? *

Yes

No

