

2027-2029 CSO Growth & Attraction Fund - Expression of Interest Form

Form Preview

Eligibility Check

* indicates a required field

If you have any questions about this form or the funding 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.

Collection Statement

I understand and agree as the applicant, the personal information I have provided in this application is being collected for the purpose of administering and assessing grant applications, including determining eligibility, for grant assessment panels, communicating with the applicant and managing grant funding. The information being collected is through a third-party platform Our Community Pty Ltd (SmartyGrants) which is a secure portal used by the City of Casey Council ('Council'). Information collected through this platform will be assessed and used only by authorised personnel and service providers who require access to perform their duties in connection with the grant program. Information will be managed in accordance with the *Privacy and Data Protection Act 2014*. Council uses automated technologies including artificial intelligence (AI) to assist with administrative functions such as validating information and determining eligibility against pre-defined criteria. AI is not used to assess the merit of applications, make funding recommendations, or make final funding decisions. All funding assessment and decision-making processes involve human review. General information (excluding personal information) may be used for publication such as the applicant's name, project title and summary of activities and funded amount on the City of Casey website and in Council reports such as evaluation reports and social and economic impact assessments to inform program improvements and policy decisions. If you wish to gain access to the information provided or amend any of the personal information you have supplied to Council, please contact Council via telephone on (03) 9705 5200 or via email communitygrants@casey.vic.gov.au

I understand and agree to Council's collection statement.

☐ Yes

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

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Council's Privacy Officers via our website <https://www.casey.vic.gov.au/contact> or by calling on 9705 5200.

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

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

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

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Website

Must be a URL.

What is your organisation's legal structure? *

What is your incorporation number, if you have one?

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 (minimum \$20,000,000) *

Attach a file:

Please attach your most recent annual report: *

Attach a file:

Main Contact Details

Contact person *

First Name

Last Name

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This is the person we will correspond with about this EOI.

Position *

e.g., CEO, Manager, Board Member

Phone *

Must be an Australian phone number.

Email *

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

About your organisation

Briefly describe your organisation's experience delivering collaborative or system-level initiatives. *

For example, your partnerships or multi-agency/sector work, experience working with community, how you use data or evaluation.

Initiative overview

* indicates a required field

Provide a title for this initiative. *

Provide a working title. This can be changed later as needed.

Which best describes your initiative? (select one or more) *

- ☐ Place-based micro pilot
- ☐ Community-led solution projects
- ☐ System navigation / referral / service visibility improvement

Provide a short summary of your proposed initiative. *

Word count:

Must be no more than 200 words.

Include the issue you are addressing, who is involved, what you will do, and what you want to change.

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What service access problem or social issue are you responding to, and where are the key barriers? *

Tell us who is affected, what is not working well now, and where the system breaks down (e.g. access, referral, coordination)

What will you do differently to address this issue? *

What will change in how services are delivered or connected? How does your approach relate to the barriers you have identified? Will co-design or collaboration be involved?

What evidence has informed this initiative, and what will the sector learn or improve as a result? *

Tell us about the data, research, community feedback, service insights or lived experience that informed your proposal. What specific insights will be generated and how could they inform future planning, services or investment in Casey?

Who will you work with?

Please describe each organisation's role in the initiative.

Examples of roles: Lead organisation, co-delivery partner, referral partner, community engagement partner, specialist advisor, evaluation partner or strategic partner.

Examples of contributions: Staff time, service delivery, referrals, community connections, venue hire, training, data, communications, funding or in-kind support.

Tip: We encourage applicants to demonstrate active collaboration rather than support in principle only.

Name of Partner Organisation	Role	How will they contribute?	Confirmed Y/N
You can add extra rows if required.			

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Who will this initiative reach?

Who are the primary beneficiaries? *

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 cohort or 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: <input type="text"/> |

Why is this initiative important for Casey and locally relevant? *

What impact could this initiative have on service access and community outcomes? *

What could success look like after two years and in the longer term?

Resourcing

* indicates a required field

Initial Project Timing and Cost Estimates

Anticipated Start Date *

Must be on or after 1 June 2027

Anticipated End Date *

Must be on or after 30 June 2029

Total Funding Requested *

\$

An estimate of the total financial support you will seek from Council through this round

Total Project Cost *

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

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

At a high level, will other sources of income, funding or in-kind contributions be needed or allocated for this work? *

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

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 *

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)

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Phone *

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

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