Ageing Well Living Lab - Application Form
Form Preview

PRE-APPLICATION CHECKLIST

* indicates a required field

Grant Guidelines

Please read the Ageing Well Living Lab Grant Guidelines before completing this form.

Have you read the Grant Guidelines? *
- ○ Yes
- ○ No

Eligibility

This section of the application 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.

Please answer the questions below.

If you are unsure or tick 'No' to any question, please contact smartcity@casey.vic.gov.au to discuss further.

Are you a registered business, or a legal entity? *
- ○ Yes
- ○ No

To apply for this grant you must be a legal entity (e.g. an incorporated association, a co-operative, company or trust) or a registered business. Individuals can only apply if they are part of a business or partnership.

Have you been registered for more than 2 years? *
- ○ Yes
- ○ No
- ○ N/A

If you have been registered for less than 2 years, and you are seeking in-kind support only, you may still apply - select N/A in this case. If you select 'No', contact us to discuss, as you may still be eligible.

Select 'yes' to confirm you are NOT any of the following: an organisation affiliated with a political party and/or group; a sole trader; a state or federal government agency, department, or public entity; representing another Council; a catchment management authority; under an auspice arrangement? *
- ○ Yes
- ○ No

Select yes to confirm.

Select 'yes' to confirm your project could take place inside the City of Casey (if successful). *
- ○ Yes
- ○ No

Select yes to confirm.

Select 'yes' to confirm your project could be completed within 12 months. *
- ○ Yes
- ○ No

Select yes to confirm.

Select 'yes' to confirm that your project will be able to commence within 1 month of formal approval from the City of Casey. *
- ○ Yes
- ○ No

Select yes to confirm.

Select 'yes' to confirm you are NOT seeking funding for any of the following: feasibility study; development of a new concept with low feasibility; cost to build; ongoing operational costs; administrative costs; projects already funded by Council; grant programs, prizes, awards, donations; reimbursement for retrospective projects or existing work unrelated to the project? *
- ○ Yes
- ○ No

Select yes to confirm.

ORGANISATION DETAILS

* indicates a required field

Privacy Statement

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/policies-strategies/privacy-policy 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 www.casey.vic.gov.au/council/contact/feedback-form or by calling on 03 9705 5200.

Name of Legal Entity leading this application *

Organisation name

Business or trading name (if different from legal entity name)

Postal address *

Address

Suburb State Postcode

Website address

Which category best describes your organisation type? *

Other:

Organisation Details

Provide a brief description of your organisation and its activities. *

Word count:
Must be no more than 200 words.

In which year was your organisation established? *

Must be a number.

What is the size of your organisation *

Employees / contractors / volunteers

ABN

Does your organisation have an Australian Business Number (ABN)? *

- ○ Yes
- ○ No

If yes, 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	

If no ABN, please complete and upload a Statement by Supplier form
Attach a file:

A blank Statement by Supplier (SBS) form can be found on the ATO website. You will need to print the form and complete it, then scan it into your computer and attach it above. Tips for completing the form are on the ATO website.

If you are having difficulty attaching or uploading this document, please refer to the Help Guide for Applicants.

Contact Person

Who is the main contact person nominated by your organisation for this application?

Name *
Title First Name Last Name

Position

Contact phone number *

Email address *
This email address will be used for posting correspondence relating to the grant application.

DUE DILIGENCE

* indicates a required field

Due Diligence

Do you have Public Liability Insurance coverage? *
○ Yes

○ No

If yes, what is the amount of your Public Liability Insurance coverage?

Minimum $20 million.

If you don't have Public Liability Insurance, are you willing to obtain it if successful?

○ Yes
○ No

Do you have Professional Indemnity Insurance? *

○ Yes
○ No
○ N/A

Professional indemnity insurance is required when an organisation provides professional advice.

If yes, what is the amount of your Professional Indemnity Insurance?

Minimum $5 million.

If you don't have Professional Indemnity Insurance, are you willing to obtain it if successful and if required?

○ Yes
○ No

Does your organisation have WorkCover Insurance? *

○ Yes
○ No

You must register for WorkCover insurance if your organisation employs any workers in Victoria.

If no WorkCover Insurance, please explain.

If successful, you will be required to provide a Certificate of Currency for all relevant insurances.

Provide any details regarding actual, potential or perceived Conflicts of Interest. This may include anyone representing your organisation or any partnering organisations involved in this submission.

A conflict of interest is where an employee, volunteer or director has private interests that could improperly influence, or be seen to influence, their decisions or actions in the performance of the project or their duties. Conflicts may be actual, potential or perceived, or represent a conflict of duty.

PROJECT SUMMARY

* indicates a required field

Alignment with Ageing Well Living Lab Objectives

The Ageing Well Living Lab brings together Council, community, industry and research partners to explore innovative prevention and early intervention solutions that help older adults remain healthy, connected and independent for longer.

Solutions should address one or both of the following challenges:

- **Prevention and Early Intervention:** How might we identify signs of declining health, wellbeing or social connection early and connect older adults with support before they reach crisis point?
- **Health and Wellbeing:** How might we support older adults to maintain and improve their physical, mental and emotional wellbeing as they age?
- **Independence and Connection:** How might we reduce loneliness and social isolation for older adults by supporting meaningful social connections at every stage of ageing?

Find out more in the *Challenge Brief* and *Desired Outcomes for Council* documents, available on the Connecting Community Living Lab Grant website, in the Useful Information section.

Which Challenge Statement/s are you proposing to address in your application for the Connecting Communities Living Lab grant? *

☐ 1. Prevention and Early Intervention
☐ 2. Health and Wellbeing
☐ 3. Independence and Connection

Select all that apply.

Summary of Proposed Solution

Project Title *

Provide a brief summary of the solution you are proposing to trial *

Word count:
Must be no more than 300 words.

Outline the scope of the project. What will be included and/or excluded? *

Word count:
Must be no more than 200 words.

COMMUNITY DESIRABILITY

* indicates a required field

Assessment Criteria 1: Community Desirability 30%

What we are looking for:

- Applicants can operate within the City of Casey
- Strong alignment to City of Casey Council Plan 2025-29
- Demonstration that the solution will meet community needs
- Clear explanation of how the solution will solve a problem, including outcomes and benefits
- Evidence that the solution will produce the expected result
- Project success metrics identified

Can your proposed solution operate within City of Casey? *

○ Yes
○ No
○ Other:

Describe how your project aligns with the City of Casey Council Plan and strategies *

Word count:
Must be no more than 500 words.
Demonstrate alignment to City of Casey Council Plan 2025-29.

Describe how your project will meet community needs *

Word count:
Must be no more than 300 words.

Describe how your project addresses the challenge statement/s, including expected outcomes and benefits *

Word count:
Must be no more than 300 words.
Include evidence that the solution will produce the expected result.

How will you measure the success of your trial? *

Word count:
Must be no more than 300 words.

Upload any community documentation to support your proposal

Attach a file:

This may include community petitions, letters from local organisations or reports showing community need.

If you are having difficulty attaching or uploading this document, please refer to the Help Guide for Applicants.

PROJECT VIABILITY

* indicates a required field

Grant Funding Selection

Which category of grant funding are you applying for? *
- ○ Up to $20,000 (1:1 contribution, in-kind only, no cash required)
- ○ $20,001 to $50,000 (1:1 contribution, minimum 50% cash)
- ○ In-kind support only

If you are asking for financial contribution as well as in-kind support, choose the nature of your financial request above and describe the nature of your in-kind request in the question below.

Assessment Criteria 2: Project Viability 25%

What we are looking for:

- Detailed and realistic budget within the bounds of grant funding available
- Expenditure items listed are necessary and meet eligibility
- Organisation contribution detailed - if required (see below)

How to complete the budget table:

- *For funding requests $20,001 - $50,000, you are required to contribute 1:1 matched co-funding (minimum 50% cash)*
- *For funding requests $20,000 or less, add details to the in-kind contribution column only, and enter 0 into the cash contribution column (no cash contribution is required)*
- *For in-kind requests, complete the in-kind requests section*

Figures should NOT include GST. Don't include totals in the budget table, as these will be automatically calculated.

EXAMPLE ONLY:

Chosen funding request of $30,000

Expenditure Item

Living Lab Grant request (ex GST)

Applicant cash contribution (ex GST)

Applicant in-kind contribution (ex GST)

Market research$1500 $3000

Engagement sessions$1500 $1000

Testing of materials$2000

Prototype materials$10000$5000

Prototype development labour$3000$5000$7000

On-site product trial$10000

Reporting$1000 $4000

Comms and marketing$1000$5000

TOTAL

$30000$15000$15000

Please complete the table below:

Expenditure Item	Living Lab Grant request (ex GST)	Applicant cash contribution (min 50% cash, ex GST)	Applicant in-kind contribution (ex GST)
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

Applicant Contribution Totals

Applicant cash contribution

$

This number/amount is calculated.

Applicant in-kind contribution

$

This number/amount is calculated.

Budget Totals

Total grant funding request

$

This number/amount is calculated.

Total applicant co-contribution

$

This number/amount is calculated.

Total project cost

$

This number/amount is calculated.

In-kind requests

Provide details for any in-kind requests to Council

E.g. Access to Council-owned facility or site.

Part Funding

If the panel decided to recommend part of the funding you requested, could the project / activities still take place? *

○ Yes ○ No

If the panel decided to recommend part of the funding you requested, what is the minimum amount you would require for your project/activities to still take place?

$

Must be a dollar amount.

If you received part of the funding you requested, what changes would you need to make? (If any)

PROJECT FEASIBILITY

* indicates a required field

Assessment Criteria 3: Project Feasibility 30%

What we are looking for:

- Feasible and comprehensive project plan
- Risks identified and mitigation plan provided
- Ability to manage data, technology, and privacy in a secure way (if applicable)
- Evidence of experience in delivering the proposed project

List the key milestones, deliverables and approximate timeframes in the table below.

Key Milestone	Deliverable	Approx. Timeframe

Project Plan

Upload any additional project plan documentation to support your proposal
Attach a file:

If you are having difficulty attaching or uploading this document, please refer to the Help Guide for Applicants.

Risks

Risk Description	Likelihood	Consequence	Risk Management Plan

Management of data, technology and privacy

Do you have a data, technology and privacy risk management plan, if required? *
- ○ Yes
- ○ No
- ○ N/A

Capability and capacity to deliver

Describe the project team and their ability to deliver the project *

Word count:
Must be no more than 250 words.

INNOVATION POTENTIAL AND LOCAL BUSINESS ENHANCEMENT

* indicates a required field

Assessment Criteria 4: Innovation Potential and Local Business Enhancement 15%

What we are looking for:

- Demonstration of an innovative solution
- Utilisation of data and insights
- Applicant is based in Casey (local providers will be favoured to maximise benefits for the local economy, although any Australian organisation is eligible to apply)

Describe how you will use innovative approaches, including data and insights, to inform the solution *

Word count:
Must be no more than 250 words.

Describe how the solution has scale-up potential and how it will be sustainable beyond the trial period *

Word count:
Must be no more than 250 words.

Is your organisation based in the City of Casey? *

○ Yes
○ No

Local providers will be favoured to maximise benefits for the local economy, although any Australian organisation is eligible to apply.

FEEDBACK

* indicates a required field

How did you hear about this grant? *

☐ City of Casey website
☐ City of Casey Facebook page
☐ City of Casey Instagram page
☐ City of Casey LinkedIn page
☐ City of Casey grants subscription email
☐ Casey Catch Up newsletter
☐ City of Casey Business in Casey website
☐ City of Casey Business in Casey newsletter
☐ City of Casey Ageing Positively newsletter
☐ City of Casey employee's social media
☐ Local newspaper
☐ Digital screen
☐ Internet search / Google
☐ Word of mouth / referral
☐ Other:

What kind of contact did you make with City of Casey for this application? *

☐ Email correspondence
☐ Reviewed information on Connecting Communities Living Lab webpage

☐ Phone call

☐ Attended the information session

☐ I didn't make any contact with City of Casey

☐ Other:

Have you got any feedback about this application form or the application process?

DECLARATION

* indicates a required field

Declaration

I hereby make this application for a City of Casey Living Lab Grant on behalf of my organisation and am authorised to do so. *
○ Yes

I confirm that all of the details in this application and attachments are true and correct to the best of my knowledge. *
○ Yes

I hereby agree to adhere to the 'Standard Conditions' as outlined in the Grants Policy, including that if this application is successful, the acquittal is due within 60 days of completion of the project *
○ Yes

A copy of the Grants Policy can be found here.

Do you give permission for Council Grants Officers to share your contact details with other Council Officers (who may wish to contact you about other opportunities)? *
○ Yes
○ No

Name of person completing declaration *

Email of person completing declaration *