Strong & Resilient Communities (SARC) Grant Application Form

Eligibility

LOGIC Show/hide trigger exists.

2

1. Are you a neighbourhood or community house or centre?

- Yes
- No

121

2. Do have a bank account with an Australian Financial Institution?

- Yes
- No

LOGIC Hidden unless: #1 Question "Are you a neighbourhood or community house or centre?" is one of the following answers ("Yes")

3

3. A member of any peak body? Tick the one that applies *

- Neighbourhood Houses Victoria (NHVic)
- Community Centres South Australia (CCSA)
- Neighbourhood Centres Queensland (NCQ)
- Linkwest (Western Australia)
- Local Community Services Association (LCSA, New South Wales)
- Neighbourhood Houses Tasmania (NHT)
- No, we are not a member of any peak body

112

4. Are you willing to collect basic participant data to help demonstrate how your project supports cohorts to become more connected, resilient, skilled, and independent?

Refer to page X of the grant guidelines for more information.

- Yes
- No

LOGIC Hidden unless: ((#1 Question "Are you a neighbourhood or community house or centre?" is one of the following answers ("Yes") AND #3 Question "A member of any peak body? Tick the one that applies" is one of the following answers ("Neighbourhood Houses Victoria (NHVic)","Community Centres South Australia (CCSA)","Neighbourhood Centres Queensland (NCQ)","Linkwest (Western Australia)","Local Community Services Association (LCSA, New South Wales)","Neighbourhood Houses Tasmania (NHT)")) AND #4 Question "Are you willing to collect basic participant data to help demonstrate how your project supports cohorts to become more connected, resilient, skilled, and independent?" is one of the following answers ("Yes"))

5

5. Which target cohort will your project support to increase social and economic participation through inclusive, community-driven initiatives? *(Select the primary group your project will support — you may select more than one if applicable.)*

- Young people aged 12–18 who are disengaged or at risk of disengaging from school, employment or training
- People with disability to increase independence and participation in the community
- Unemployed individuals to build skills, networks and pathways to employment or education
- Vulnerable and disadvantaged women, including those experiencing social isolation or discrimination, to strengthen self-agency and engage in the community or economy

LOGIC Hidden by default Hidden unless: (((#1 Question "Are you a neighbourhood or community house or centre?" is one of the following answers ("No") OR #3 Question "A member of any peak body? Tick the one that applies" is one of the following answers ("No, we are not a member of any peak body")) OR #4 Question "Are you willing to collect basic participant data to help demonstrate how your project supports cohorts to become more connected, resilient, skilled, and independent?" is one of the following answers ("No")) OR #2 Question "Do have a bank account with an Australian Financial Institution? " is one of the following answers ("No"))

ID 7

Based on your response, it seems you are ineligible for the grant.

Please call Jarrah Kelly on 0428 964 817 or email jarrah@anhca.org if you have any questions or concerns.

LOGIC Show/hide trigger exists. Hidden unless: QUESTION NOT FOUND! is one of the following answers [NO OPTIONS SET]

ID 9

6. Is this funding for a **new** program or project? *

- Yes
- No, it is for an existing project

VALIDATION Max word count = 150

LOGIC Hidden unless: #6 Question "Is this funding for a **new** program or project?" is one of the following answers ("No, it is for an existing project")

10

7. How are you developing or extending your current program to meet the emerging needs of the community? (150 words) *

Existing programs may be eligible for funding if changes are made to meet new community needs.

Contact details

Page description:
This section requires information about the applicant.

Please provide the details of the primary contact for all correspondence and administration of this grant application.

Please note, if you are applying for this grant in partnership with a community organisation, the primary contact will need to be the neighbourhood or community house or centre.

11

8. Name of organisation *

17

9. Organisational address *

18

10. Postcode *

19

11. State *

NSW
SA
TAS
VIC
WA
QLD

14

12. Primary contact first name *

15

13. Primary contact last name *

16

14. Position *

ID 21

15. Primary contact phone number

This must be an Australian phone number including area codes (e.g. 03 1234 5678) *

VALIDATION %s format expected

ID 23

16. Primary contact email *

Taxation status

Page exit logic: Skip / Disqualify Logic
IF: #20 Question "Are you applying for this grant in partnership with another organisation?

If you are, the lead role will need to be the neighbourhood or community house or centre" is one of the following answers ("No") **THEN:** Jump to page 6 - Project information

VALIDATION Min = 0 Must be numeric

ID 24

17. Australian Business Number (ABN)

You can search for your organisation's ABN **here** *

25

18. Are you an incorporated entity? *

- Yes
- No

26

19. Are you a registered not-for-profit organisation? *

- Yes
- No

LOGIC Show/hide trigger exists.

27

20. Are you applying for this grant in partnership with another organisation?

If you are, the lead role will need to be the neighbourhood or community house or centre *

- Yes
- No

Information about partner organisation

Page description:
Please note that this section is for the details of the community organisation that is partnered to the neighbourhood or community house or centre.

29

21. Name of funding partner organisation *

30

22. Primary contact *

First name

Last name

Title

Position

VALIDATION Min = 0 Must be numeric

46

23. Australian Business Number (ABN)

You can search for the partnering organisation's ABN **here**. *

Project information

ID 108

24. Project name *

VALIDATION Max word count = 200

ID 48

25. Project summary (200 words) *

VALIDATION %s format expected

ID 49

26. Project start date *

Must be a date. Please make this date at least 1 month after the closing date of the grant round

VALIDATION %s format expected

ID 50

27. Project end date *

Must be a date. Please make this date no more than 6 months after the start date

106

28. Primary street address *

This is where your activities will take place. It your project will be held online, fill in 'online'

Assessment criteria

111

Download a copy of the assessment rubric here

VALIDATION Max word count = 100

54

29. What is the specific issue or need this project addresses within your local community? (100 words) *

VALIDATION Max word count = 100

113

30. How have you identified this need? (100 words) *

Hint: include the use of place-based evidence such as local data, community feedback, letters of support etc.

VALIDATION Max word count = 300

55

31. What will your project deliver? Describe the activities, services or supports that will be provided. Be specific. (300 words) *

VALIDATION Max word count = 300

114

32. How does your project directly support social and / or economic participation for your chosen cohort(s)? (200 words)

- Young people (12–18) who are disengaged or at risk of disengaging from school, employment or training
- People with disability or mental health conditions
- Unemployed individuals and their families
- Vulnerable or disadvantaged women (including those experiencing isolation or discrimination

*

VALIDATION Max word count = 150

56

33. Provide a brief project outline by listing key milestones. (150 words) *

Example
February 2024: recruit project coordinator.
March 2024: plan relevant stakeholder engagement.
April 2024: start promoting project.

VALIDATION Max word count = 100

LOGIC Hidden unless: #20 Question "Are you applying for this grant in partnership with another organisation?

If you are, the lead role will need to be the neighbourhood or community house or centre" is one of the following answers ("Yes")

57

34. How will the partnership work in the delivery of this project? (100 words)*

59

35. How many people from your community are you expecting to engage with? *

Be realistic about the number you will engage. Remember that it is important to show that you can deliver and report on outcomes for the number you have selected.

- 0 - 20
- 21 - 40
- 41 - 60
- 61 - 80
- 81 - 100
- 101 - 150
- more than 150

VALIDATION Max word count = 200

60

36. What outcomes do you hope to achieve through this project in terms of supporting social and / or economic participation? (200 words) *

VALIDATION Max word count = 100

115

37. Are there any potential risks to delivering this project, and how will you manage them? (100 words) *

VALIDATION Max word count = 100

61

38. How will you evaluate your success in delivering this project? Describe the outcomes you will track and how you will collect the information. (100 words) *

Reporting and Data Collection

LOGIC Show/hide trigger exists.

ID 117

39. Are you willing to collect participant data? This includes non-identifiable details such as age range, gender, cultural background, employment status, and postcode, which will be submitted through a secure data system that converts information into anonymous identifier numbers.

Note: This information will be submitted through a secure reporting system that generates anonymous identifier numbers to protect participant privacy. No personal names or contact information will be collected or stored by ANHCA or DSS.

- ○ Yes
- ○ No

VALIDATION Max word count = 50

LOGIC Hidden unless: #39 Question "Are you willing to collect participant data? This includes non-identifiable details such as age range, gender, cultural background, employment status, and postcode, which will be submitted through a secure data system that converts information into anonymous identifier numbers." is one of the following answers ("Yes")

ID 118

40. Please describe briefly how and when you plan to collect participant data using the survey provided by ANHCA. (50 words)

VALIDATION Max word count = 100

116

41. Do you anticipate any barriers to collecting the require data and reporting? If so, how might you address these challenges? (100 words)

Funding request

90

42. Total funding amount requested*

Budget

Page description:
Outline your project budget including details of other funding that will be used in the delivery of this project.

The budget **must** balance (total income = total expenditure).

You must fill out and upload a copy of your budget using **this template**.

The first tab titled 'Example' shows you how to structure your budget.

Please follow these steps:

1. download a copy of the **template**
2. fill in your income and expenditure on the **second tab** titled 'Application'.
3. make sure your income equals your expenses as per the example on the first tab titled 'Example'
4. upload a copy of your budget using the upload function below

If you have an in-kind contribution to the project, remember to include this contribution in the income section of your budget.

If you have questions please call Jarrah Kelly on 0428 964 817.

VALIDATION Accepts up to 4 files. **Allowed types:** png, gif, jpg, jpeg, doc, xls, docx, xlsx, pdf, txt, mov, mp3, mp4. Max file size: 50 MB

ID 107

43. Please upload a copy of your budget using **this template**. To download it, open the template, go to file, download a copy as Microsoft excel. Once you have completed it, please upload your copy below. *

Browse...

VALIDATION Accepts up to 4 files. **Allowed types:** png, gif, jpg, jpeg, doc, xls, docx, xlsx, pdf, txt, mov, mp3, mp4. Max file size: 50 MB

ID 122

44. Please upload quotes for more expensive items ($500+) *

Browse...

LOGIC Show/hide trigger exists.

ID 93

45. Does your total income equal your total expenditure? *

- Yes
- No

LOGIC Hidden unless: #45 Question "Does your total income equal your total expenditure? " is one of the following answers ("No")

ID 94

Please make sure that your total income equals your total expenditure. If you are unsure about how to calculate this, please get in contact with Jarrah Kelly on 0428 964 817.

Supporting documentation

VALIDATION Accepts up to 10 files. **Allowed types:** png, gif, jpg, jpeg, doc, xls, docx, xlsx, pdf, txt, mov, mp3, mp4. Max file size: 50 MB

ID 95

46. Attach a copy of the most recent audited financial statement / balance sheet for your house/centre *

Browse...

VALIDATION Accepts up to 10 files. **Allowed types:** png, gif, jpg, jpeg, doc, xls, docx, xlsx, pdf, txt, mov, mp3, mp4. Max file size: 50 MB

ID 96

47. Attach a copy of your current certificate of currency for your Public Liability Insurance *

Browse...

VALIDATION Accepts up to 10 files. **Allowed types:** png, gif, jpg, jpeg, doc, xls, docx, xlsx, pdf, txt, mov, mp3, mp4. Max file size: 50 MB

LOGIC Hidden unless: #20 Question "Are you applying for this grant in partnership with another organisation?

If you are, the lead role will need to be the neighbourhood or community house or centre" is one of the following answers ("Yes")

ID 97

48. Attach a letter of support from the community organisation outlining their partnership commitment to delivering this project *

Browse...

Working with children and young people

Page description:
Pre-employment screening for people seeking to work with children or vulnerable young people is one measure that is important for creating and maintaining child-safe organisations.

LOGIC Show/hide trigger exists.

ID 98

49. Is your application for a project/program working with children and young people? *

- Yes
- No

LOGIC Hidden unless: #49 Question "Is your application for a project/program working with children and young people?" is one of the following answers ("Yes")

ID 99

50. Is your organisation compliant with the **National Child Safe Standards**? *

- Yes
- No

Declaration

Page description:
I am authorised by my group/organisation to complete this form and I agree:

- that to the best of my knowledge the statements made in this application are true.
- to contact ANHCA immediately if any information provided in this application changes or is incorrect
- the project will be covered by appropriate insurance.
- ANHCA does not accept any liability or responsibility for the project.
- to ensure that acquittal requirements are met within 3 weeks of receiving them.
- to accept the terms of the grant in accordance with ANHCA requirements.

ANHCA will use any personal information provided for the purposes of processing your grant application and maintaining ongoing contact with you. Access to your personal information is restricted to authorised personnel only.

Information included in your grant application, along with any related documentation or discussions, may be shared with members of the assessment panel to assist ANHCA in the assessment process.

By submitting an application, you consent to ANHCA publishing the name of your organisation, a brief project description, and the amount funded on our website. This information may also be used to promote ANHCA’s grant programs more broadly.

Finally, by submitting an application, you agree to collect participant data as required for reporting to the Department of Social Services Data Exchange (DEX), in accordance with the program guidelines.

100

51. By signing this document, I agree to the above declaration. *

Clear

Sign name using mouse or touch pad

Signature of

103

52. Position held *

VALIDATION %s format expected

101

53. Date of declaration *

VALIDATION %s format expected

102

54. Please nominate an email address to receive a copy of your application. *

Thank You!

1

Thank you for completing the Supporting Stronger Communities grant application form. You will shortly receive a copy of your submission.

If you have any questions or concerns, please contact Jarrah on 0428 964 817 or email jarrah@anhca.org

New Send Email

To: [question("value"), id="102"]

From: ANHCA (noreply@alchemer.com)

Subject: Copy of Supporting Stronger Communities grant application

New Send Email

To: jarrah@anhca.org

From: Alchemer (noreply@alchemer.com)

Subject: New SSC grant application