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|  | **2014-2019** |
| **East Arnhem**  **Communities for Children** |  |



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**Expression of Interest**

**Activity Proposal - Application Form**

**Further Information**

Please refer to the Expression of Interest Activity Proposal - Application Guidelines. For further information contact Wendy Scarlett, Initiatives Manager Email: [wscarlett@anglicare-nt.org.au](mailto:wscarlett@anglicare-nt.org.au) or Phone: 08 8985 0000.

**Closing Date - Wednesday 5pm 22nd April 2015**

Completed application must be emailed to [wscarlett@anglicare-nt.org.au](mailto:wmailto:wscarlett@anglicare-nt.org.au)

**East Arnhem Communities for Children**

**Activity Proposal Application Form**

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| **Section 1: Applicant Organisational Details** | | |
| **Legal Entity Name** |  | |
| **Organisation Trading Name** |  | |
| **ABN/ACN** |  | |
| **Registered for GST** | Yes | No |
| **Proposal Liaison Officer** | Name: | Position Title: |
| **Contact Details** | Email: | Phone: |
| **Postal Address** |  | |
| **Street Address** |  | |
| **Activity Duration** | Start Date:       /      / | End Date:       /      / |
| **Activity Location (s)** |  | |
| **Total Funding Requested** | (GST exclusive) | |
| **Section 2: Proposed Activity Details** | | |
| **Activity Title:** *Insert the name of the activity you will implement.* | | |
| **Organisational Capacity to Deliver the Proposed Activity:** *Provide an overview of your organisations capacity to deliver and report on the proposed Activity.**(Maximum 300 words)* | | |
| **Activity Overview:** *Provide a description of the Activity you want to implement including target group, staffing model (FTE), participant numbers, intended delivery location (s), frequency and timing of sessions. (Maximum 500 words)* | | |
| **Activity Objective/s and Outcome/s*:*** *Describe the objective(s) and expected outcome (s) you are seeking to achieve through your proposed Activity. (Maximum 200 words)* | | |
| **Addressing the Gap (s):** *Describe how your proposed Activity addresses current gaps in services and meets community needs in a particular location (s). (Maximum 300 words)* | | |
| **Prior Activity:** *Only complete if relevant***.** *If your organisation has previously delivered this Activity or a similar activity in a particular community outline how new funding will value add**to outcomes already achieved.* | | |
| **Specific Target Group:** *C4C Facilitating Partner funding must result in accessible Activity delivered to approved target groups, please outline who the proposed target group is for this specific Activity.* | | |
| **Cultural Competency:** *The C4C initiative is a mainstream program funded through DSS***.** *Within the East Arnhem C4C site the population is predominantly Indigenous. (Maximum 600 words)*  *What experience does your organisation have in delivering services in predominately Aboriginal communities?*    *Outline your connections, partnerships and knowledge of the East Arnhem region and/or specific location (s) where the Activity will be delivered:*    *What mandate does your organisation have to deliver an Activity in East Arnhem region and/or specific location (s)?* | | |
| **Funding Applied for:** *Outline how the funding will be used. Detail any other sources of funding secured [or applied for] to deliver this [or related activities] within the East Arnhem site.* *Noting that C4C funding is focused on value adding, maximising outcomes and benefit to families in the region and must not duplicate existing services.* | | |
| **Collaboration and Service Integration:** *Outline who you will engage and collaborate with to deliver the Activity.* | | |
| **Monitoring and Evaluation:** *How you will demonstrate that the proposed Activity is making a difference. How will you collect data including community and participant/client feedback? Note specific data collection and reporting will apply.* | | |
| **Sustainability:** *Where relevant, outline how you will approach sustainability of the Activity.* | | |
| **Risk Management:** *Summarise key risks which need to be considered when delivering the proposed Activity. Note -successful organisations may be required to provide a risk management plan.* | | |
| **East Arnhem C4C Strategic Priorities:** *Indicate which priority area your proposed Activity addresses. Please refer to the ‘Expression of Interest (EOI) Activity Proposal Application Guidelines’*       **PRIORITY AREA ONE  - ‘Growing Up Strong and Healthy Kids’**       **PRIORITY AREA TWO -  ‘Strengthening Vulnerable Families’**       **PRIORITY AREA THREE - ‘Strong Families, Strong Schools, Strong Communities’**       **PRIORITY AREA FOUR  -  ‘Creating Child Friendly, Connected Communities’** | | |
| **Activity Evidence Base:** *Is this Activity (s) currently recognised as evidence based as per DSS guidelines:* [*https://apps.aifs.gov.au/cfca/guidebook/programs*](https://apps.aifs.gov.au/cfca/guidebook/programs%20)  Yes  No  *If No, what local evidence and or research support the effectiveness of the proposed Activity?**Refer* [*https://www3.aifs.gov.au/cfca/information-service-providers*](https://www3.aifs.gov.au/cfca/information-service-providers) *for further information*. | | |
| **Additional Information**: *Provide any additional information to support this Expression of Interest.* | | |

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| **SECTION 3: Proposed Project Budget *– note a more detailed budget will be required if successful*** | | | | | |
| **Category** | **Overview** | | **2015-2016** | | **2016-2017** |
| Salary/Wages/On Costs |  | |  | |  |
| Program |  | |  | |  |
| Travel/Accommodation |  | |  | |  |
| Administration |  | |  | |  |
| Promotion & Marketing |  | |  | |  |
| Other |  | |  | |  |
| **TOTAL EXPENDITURE (Excluding GST)** | | |  | |  |
| **SECTION 4: Referees -*people who can support claims made in the Expression of Interest*** | | | | | |
| **Referee 1** | | | | | |
| Name |  | | | | |
| Position Title |  | | | | |
| Organisation |  | | | | |
| Phone |  | **Mobile** | |  | |
| **Referee 2** |  | | | | |
| Name |  | | | | |
| Position Title |  | | | | |
| Organisation |  | | | | |
| Phone |  | **Mobile** | |  | |
| **SECTION 5: Declaration – *I am authorised to lodge this EOI on behalf of my organisation*** | | | | | |
| Signature |  | | | | |
| Name |  | | | | |
| Position Title |  | | | | |
| Organisation |  | | | | |
| Date | /      / | **Mobile** | |  | |