



dhcs|ACT

## 2006/07 ACT SENIORS GRANTS PROGRAM

### APPLICATION FORM

***Applications close***  
***Friday 2 February 2007***

The information that appears in this document is for reference purposes only, and should not be relied upon for future grants rounds.



### Important

**Please read the Application Guidelines before completing this form.**

For assistance to complete this form, please contact the ACT Office for Ageing on  
**6207 6138.**

***Please note:*** Applications that do not address the assessment criteria or do not provide all the requested information will be deemed ineligible.

# Section 1 - Information about your organisation

## 1. Applicant contact details

Organisation name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Project officer name: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ Fax: \_\_\_\_\_

(mobile) \_\_\_\_\_

Email: \_\_\_\_\_

## 2. Legal status

Please indicate the legal status of your organisation below:

Incorporated organisation ABN: \_\_\_\_\_

GST registration Yes  No

Please attach copies of the following:

- certificate of incorporation **or** articles of association **or** constitution;
- ABN registration; and
- Taxation Status Form.

Other legal entity

## 3. Insurance

Successful applicants may be required to obtain public liability, professional indemnity and/or worker's compensation insurance, depending on the nature of the project. Insurance requirements will be assessed on a case by case basis. If applicable, please attach copies of your organisation's insurance cover.

Information about insurance requirements is available from the ACT Public Liability Insurance Risk Advisory website: [www.insuranceriskadvice.act.gov.au](http://www.insuranceriskadvice.act.gov.au).

#### **4. Profile of your organisation**

Please give a brief outline of the role and function of your organisation, including its principal aims and objectives.

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#### **Section 2 – Project details**

- 1. Project title:** \_\_\_\_\_
- 2. Amount of funding requested (exclusive of GST):** \$\_\_\_\_\_ (see the 'Taxation' section of the Application Guidelines for further information)
- 3. Please give a brief overview of your project:**

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#### **Section 3 – Assessment criteria**

Please attach a statement against each of the following criteria (maximum 3 pages in total), which will be used to assess your application.

- 1. How will the project create a better understanding of ageing in the community (promotion of positive ageing)?**
- 2. How will the project encourage older Canberrans to maintain and enhance their connections with the broader community?**
- 3. How will the project encourage seniors to maintain an active and healthy lifestyle?**



## 2. Project Plan

Please outline the key stages of the project:

Milestones	Performance Indicators	Key Dates

## 3. Project budget

Please provide an itemised budget of all expenses associated with the project as well as financial and in-kind support from other organisations:

Item of expenditure (eg. venue hire, catering, advertising)	ACT Seniors Grants Program \$	Other Sources \$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

#### 4. Grants received from the ACT Government.

If applicable, please provide details of other grant funding that you or your organisation has received from the ACT Government over the past three years. Please include any funding applied for but not yet granted:

Date	Project title and description	Name of Grant Program and ACT Government Agency	Funding received \$
		Program:	
		Agency:	
		Program:	
		Agency:	
		Program:	
		Agency:	
		Program:	
		Agency:	
		Program:	
		Agency:	
		Program:	
		Agency:	
		Program:	
		Agency:	
<b>TOTAL</b>			<b>\$</b>

## Section 5 – Applicant authorisation

*[This section must be signed by the Chair, President or Executive Officer of the organisation submitting the application.]*

I certify that the information given in this application is true and correct to the best of my knowledge, and that I am authorised by the organisation named below to submit this application.

I accept that the information in this application may be shared with other government agencies for the purposes of assessment.

I agree that information included in this application and subsequent reports may be used for the purposes of publicity regarding this grants program:

- if the application is successful Yes/No
- if the application is unsuccessful Yes/No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Please retain a copy of your (signed) application for your records.**

**To be eligible for consideration, applications must be received by**

**5.00pm on Friday 2 February 2007**

Applications may be submitted:

by mail: Grants Program  
Governance Strategy and Community Policy  
Department of Disability, Housing and Community Services  
GPO Box 158  
Canberra ACT 2601

by hand: Department of Disability, Housing and Community Services  
Ground Floor Lobby  
11 Moore Street  
Canberra City

by e-mail: [community.affairs@act.gov.au](mailto:community.affairs@act.gov.au)  
Please note: If emailing your application please send a hard copy within a week of email and ensure that your application has been acknowledged prior to the closing date with an email from the Secretariat of the relevant grants program (Women, Ageing and Carers)

## Checklist

Before submitting your application please ensure that:

- your organisation is eligible to apply (refer to the *Application Guidelines*);
- all sections of the application form have been completed;
- copies of the following documentation are attached (if appropriate):
  - certificate of incorporation **or** articles of association **or** constitution;
  - ABN registration;
  - taxation status form;
  - insurance details;
- the President, Chair or Executive Officer of your organisation has signed page 6 of the application form; and
- you have a copy of the completed application form for your records.

## Where did you learn about the ACT Senior's Grants Program?

- ACT Office for Ageing
- ACT Office for Ageing Website
- Newspapers
- Mailout
- Other (please specify): \_\_\_\_\_