Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

|  |  |
| --- | --- |
| Name (Church/Agency): |  |
| Project Title: |  |
| Project Venue: |  |
| Contact Person: |  |
| Phone: |  |
| Email: |  |

**Please Note: All grant applications are welcome.**

**Values up to $3,000 are available to support your benevolent program.**

We invite **ONE** application per church/mission agency.

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| --- | --- | --- | --- | --- | --- | --- |
| Please be specific on the value of the CareWorks Grant requested: $ | | | | | |  |
| Are you a current CareWorks Partner? | Yes: |  | No: |  |

If the answer is No, please contact the CareWorks Projects Manager, Jo Antoni [jantoni@churchesofchrist.org.au](mailto:jantoni@churchesofchrist.org.au) or on 03 9488 8800. Funding is only available to CareWorks Partners. (Those who have a Memorandum of Understanding with CCVT/Community Care.)

# Key Partnership Mechanisms

The following form is to be completed when applying for a CareWorks Grant and, if applicable, a CareWorks partnership. It provides CCVT with the documentation required for tax deductible projects and accountability, as well as legal requirements with the Australian Tax Office (ATO).

A guide to commonly asked questions and key points is attached to assist with this document. For further questions please contact Joanne Antoni, CareWorks Projects Manager. The guide and this application are designed to assist you to plan and articulate your project, and to help us understand what you propose to do and how we can support you. The outline you provide will also be the basis on which you will have to report back on the project.

*Note: We understand that changes may occur during the life of the project. CCVT will seek to be flexible within its guidelines. It is important therefore to keep the CareWorks Projects Manager informed of any proposed change, in writing, by letter or email. Such changes will usually require approval and then be included in the Memorandum of Understanding (MOU), as appropriate.*

CareWorks Grant Proposal

Please note: This template can be saved on to your computer to complete progressively. Please be succinct with your responses. Dot points are encouraged.

**Please return this application and direct enquiries to the CareWorks Projects Manager by May 31, 2023.**P: 03 9488 8800 E:

[jantoni@churchesofchrist.org.au](mailto:jantoni@churchesofchrist.org.au )

## 1. PROJECT OUTLINE

**CareWorks Grants are for Benevolent Programs.**

**Criteria:** There must be an identifiable **target group** which is **recognisably in need of assistance** because of poverty, sickness, disability, destitution, suffering, misfortune, helplessness, or other kind of distress.

**The need must be of** such seriousness, as will arouse community compassion; and more than ordinary human experience (eg. death of a family member or loss of a job. Grief counselling would not qualify unless targeted at people who were experiencing distress eg. homelessness). *(Reference: ACNC’s PBI Interpretation Statement para 5.3.1)*

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| Please provide a brief description of the project. |
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| What kind(/s) of disadvantage or distress do the target group experience? |
| You may select up to 4 population groups:  At risk youth  CALD (Culturally and Linguistically Diverse)  Homeless people  Indigenous people/communities  Offenders/ex-offenders  Parents/families  People with intellectual/learning disabilities  People with mental and behavioural disorders  People with physical disabilities  Refugees/new arrivals  Sex workers  Single Parents  Substance abusers  Unemployed people  Victims of war, crime and/or abuse  Youth in out of home care  Not relevant, no specific target  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Which age groups will most benefit from your project?  Babies and early childhood (0-5)  Children (6-12)  Adolescents (13-18)  Young adults (19-25)  Adults (26-64)  Seniors (65+)  All age groups  Select the gender group which will benefit most from your project?  All males  Majority males > 60%  All females  Majority females > 60%  Equal male and female |
| How will the activities you propose relieve those needs? |
|  |
|  |

## 2. church vISION & mISSION

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| How does the project involve members of the church and/local community as part of its Vision and Mission? |
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## 3. MANAGEMENT of the project

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| Describe the staff and volunteer makeup that will administrate the project. Please include numbers of 1) Full time paid staff, 2) Part time paid staff, 3) Volunteer staff and supporters. |
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| Describe how the project will be accountable to the church or agency’s governance group. |
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## 4. PROJECT BUDGET

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| --- |
| Please attach a Project Budget (Income and Expenditure). |
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| Describe identified pathway towards long term financial sustainability? |
|  |
| If the CareWorks Grant is not the total project budget, describe how the additional funds are being sought. *(eg through external grants/donations/partnerships with other churches/agencies etc)* |
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Please provided an audited statement/attach financial statement approved by the Treasurer to this application.

## 5. Timeline

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| CareWorks funding would be applied to this timeline:  Project Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## 6. POLICIES

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| Is your church or agency affiliated with CCVT? Yes  No |
| If so, has it signed off on Affinity, the document that describes the affiliate’s relationship with CCVT? Yes  No |
| If so, is the church or agency up to date with its Ministry Contribution to CCVT? Yes  No |
| Is your church or agency insured through Churches of Christ Insurance? Yes  No |
| If no, are you able to, or have you, insured the project? Yes  No  Please attach a Certificate of Currency. |
| Is this project under insurance separate from the affiliate? Yes  No  Please attach a Certificate of Currency. |
| Have all Occupational Health and Safety issues been addressed? Yes  No  If there are any outstanding issues, please provide detail.  Please ensure the implementation of Safe Places policies: [**churchesofchrist.org.au/safe-places-resources/**](https://churchesofchrist.org.au/for-churches/resource-library/safe-places-2/)**.** |

## 7. aCquittal

**Please note**: The term of the grant is 12 months. A reporting template will be provided.

## 8. Supplementary Information

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| Is there any other information you would like to give to support your application? |
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## 9. survey

Please check these items on this form

How did you hear about this grant opportunity? Insert a tick (🗸) or Y.

|  |  |
| --- | --- |
| Direct Mail |  |
| CCVT website |  |
| Social Media |  |
| Local Church |  |
| Word of Mouth |  |
| Other |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did you find the Guidelines easy to understand? | Yes: |  | No: |  |
| Did you find the application form easy to use? | Yes: |  | No: |  |
| Did you find Information and CCVT staff helpful? | Yes: |  | No: |  |
| Do you have any comments? | | | | | |
|  | | | | | |

## 10. Checklist

Please check that the following has been included with your application. Insert a tick (🗸) or Y as you complete each element.

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| --- | --- |
|  | Completed the Application Form in full |
|  | Financial statements (Please note: ***ONLY*** if it is not available through ACNC. This can be a financial statement signed off by the Treasurer, as a true record of the financial position of the church/agency) |
|  | Project’s Income and Expenditure Budget |
|  | Current copy of your Insurance Certificate of Currency ***only*** if it is not through Churches of Christ Insurance |
|  | Project Timeline |
|  | Additional supporting information |
|  | Feedback and Survey, completed. Thank you. |

## 11. What happens next?

A member of the CCVT Assessment Panel may contact you for more information or to make a time to visit your church/mission agency.

All applicants will be advised of the outcome by June 9, 2023

Thank you for your application. For further information about CCVT CareWorks Grants, please contact the CCVT Communities Team on (03) 9488 8800; Email: [jantoni@churchesofchrist.org.au](mailto:jantoni@churchesofchrist.org.au)

We encourage electronic applications via email (address given above).

Alternatively, hardcopy correspondence to: CCVT Communities Team - CareWorks  
Level 5, 111 Cecil Street, South Melbourne Vic 3205