**DCS COMMUNITY GRANTS PROGRAM**

**APPLICATION FORM 2021-2022**

Community Program Grant (Up to $50,000 GST exclusive)

1. **Project Name**
2. **Funding Amount Sought**

Total amount applied for (*must not exceed $50,000 GST exclusive)*

1. **Contact Details**

Name of Organisation

Address for Correspondence

Contact Person

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Mobile Phone |  |
| Position |  |  | Work Phone |  |
| Email |  |  |  |  |
|  |  |  |  |  |

Head of Organisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Mobile Phone |  |
| Position |  |  | Work Phone |  |
| Email |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is your organisation GST registered? | | No | |  | Yes |  |  | |
| ABN | |  |  | | | |
|  | |  |  | | | |

1. **Project Description**
   1. Write a description of your project. *Provide the following:*

|  |  |
| --- | --- |
| * *Overview of what will be delivered* | * *Number of sessions* |
| * *Method of delivery* | * *Number of hours/ session* |
| * *Location* | * *Frequency of sessions* |
| * *Proposed start and end dates* | * *Estimated total contact hours* |

* 1. Who will benefit from this project? *Provide the number of anticipated participants and details of the target group eg. Aboriginal offenders, specific gender, disability etc.*
  2. What will the outcomes be for people receiving the services/program?
  3. How will you measure the outcomes for the people receiving the services/program? What data will you collect?
  4. How will you promote your project among the target group/s, including how referrals will be made?
  5. How will this project be sustained beyond the grant funding?
  6. Are there any foreseeable significant risks to DCS, your organisation or participants? If yes, please identify potential mitigation strategies.
  7. Does your organisation have sufficient insurance cover for activities related to this project? *Public liability, theft, etc.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No |  | Yes |  | *If funded, you may be required to provide evidence of relevant policies.* |

**5. Project Need**

* 1. Which State and/or DCS strategic priorities does the project meet?
  2. Which *10 by 20* strategies does the project meet?

|  |  |
| --- | --- |
| 1 Successful return to community |  |
| 2 Employment and industry |  |
| 3 Prioritising target cohorts |  |
| 4 Strategy for Aboriginal offenders |  |
| 5 Enhancing Community Corrections |  |

Provide a description of how you will meet these strategies.

|  |
| --- |
|  |

* 1. How do you know this project is needed? *Include research or consultation information.*
  2. Which groups and networks from the community have been involved in the development of the project? *How have they been involved?* *Provide supporting evidence.*

**6. Project Location**

Indicate the location/s where you propose to run your project. Select all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| **Prisons** | | **Community Corrections Centres** | |
| Adelaide Pre-Release Centre |  | **Metro** |  |
| Adelaide Remand Centre |  | Adelaide |  |
| Adelaide Women’s Prison |  | Edwardstown |  |
| Cadell Training Centre |  | Elizabeth |  |
| Mobilong Prison |  | Noarlunga |  |
| Mount Gambier Prison |  | North East – Holden Hill |  |
| Port Augusta Prison |  | Port Adelaide |  |
| Port Lincoln Prison |  |  |  |
| Yatala Labour Prison |  | **Regional** |  |
|  |  | Berri |  |
|  |  | Ceduna |  |
|  |  | Coober Pedy |  |
|  |  | Gawler |  |
|  |  | Mount Gambier |  |
|  |  | Murray Bridge |  |
|  |  | Port Augusta |  |
|  |  | Port Lincoln |  |
|  |  | Port Pirie |  |
|  |  | Whyalla |  |
| **Other locations (please specify)** | | | |

**7. Applicant Organisation**

* 1. Provide a statement about your organisation and its purpose.
  2. Provide the background of all staff involved in delivering the program/service. *Provide evidence of current police clearance.*
  3. Provide any other information you consider relevant. *Attach supporting information e.g. quotes, program plan, timetable, support letters, measurement strategy, evidence of need.*

**8. Project Budget**

* 1. Provide a breakdown of costs expected to be associated with the project. *Provide written quotes if relevant.* *Funding is provided GST exclusive. If your organisation is GST registered, you will NOT receive a GST amount on top of the grant income.*

|  |  |
| --- | --- |
| ***Item description*** | ***Amount*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| ***TOTAL (exclusive of GST)*** |  |
|  |  |

* 1. Are you seeking funding from other sources for this project?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No |  | Yes |  | *Provide details of who/when you will know if it is secured* |

* 1. Has funding for this project been secured from other sources (including your organisation)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No |  | Yes |  | *How is it allocated? How will it add value to this project?* |

* 1. Are there any non-financial/in-kind contributions? *e.g. use of facilities, donated goods/materials/services*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No |  | Yes |  | *Give details of any non-financial/in-kind contributions* |

**9. Declaration and Signature**

* I am the person named as the person responsible for submitting this application
* I have been authorised by the organisation named in this form to complete and submit this application
* I declare that the information I have provided is true and correct
* I have the authority to make the application on behalf of the organisation.

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
|  |  |  |
| Name |  | Position |
|  |  |  |

**9. Application Lodgement**

To lodge the application:

Email to [DCSSPPP@sa.gov.au](mailto:DCSSPPP@sa.gov.au) and title the email ‘***Grant Application, Private and Confidential*’.**

**Applications due by 5pm**

**21 March 2022**