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Dust Diseases Board (DDB) FY25 Support Organisation Stream Grants Program Application Form

Disclaimer

The information in this form and its attachments is used to advise the DDB on funding allocation, perform due diligence, and support post-award reporting. This information may be shared with third parties for assessment and may be shared with other Australian Government Departments or Agencies.

The submission of your application does not guarantee funding. The costs for producing the application are borne by the applicant. The DDB and Dust Diseases Care (DDC) can withdraw funding in prescribed circumstances and dates can be changed. Applicants should read the DDB Support Organisation Stream Grants Program Guidelines FY25 to be fully informed of requirements.

Freedom of Information

Information provided in this application and related documents is treated confidentially. However, DDC is subject to the *Government Information (Public Access) Act 2009.* As a result, the details contained in this application and other pertinent information may be disclosed if requested under the *Act*.

Application Instructions

Before completing the application, please read the *DDB* Support Organisation Stream Grants "How-To" Guide FY25. **Answer each question** in this form, typing your responses below each question, where relevant.

Additionally, **complete and attach all required documentation and prescribed templates** as specified in the form.

Please note that word limits are strictly enforced; any information exceeding the word limit will not be considered. You are required to adhere to all formatting and submission requirements.

To include an attachment to this PDF document, go to:

Tools > Edit PDF > More > Attach File

Alternatively, follow the instructions on the Adobe website

Important: When completing this application, please consult the application submission "How-To" Guide. This guide provides detailed instructions on how to complete, format and submit your application.

Part A - Administrative Overview

A1. Application Title Provide a clear and concise title for your program/service (maximum 10 words): A2. Project Lead Summary Provide the title, full name and qualifications of the Project Lead. Title First name Surname Email address Qualifications: List professional qualifications relevant to this grant. A3. Delegated Officer Summary Provide the title and full name of the Delegated Officer with the authority to administer the grant. Title First name Surname Email address A4. Name of the Administering Organisation Provide the details for the organisation that will sign the funding agreement and assume responsibility for managing the grant funds. Organisation name Street address Postal address (if different from street address) **ABN** Email address Website URL

Part B – Eligibility

B1. Charity/Not for Profit Status

	Indicate whether your organisation is a not-for-profit and registered as a charity with the Australian Charities and Not-for-profits Commission (ACNC) and/or the State or Territory in which it operates?												
	No – if ı	no, this	s applicatio	n is ineliç	gible fo	r fund	ing						
	Yes [Attach proof]												
Which	n states/t	erritori	ies does th	e organis	sation o	perat	e in? (ticl	k all tha	at apply)	:			
	ACT		NSW	N	NT [QLD		SA		TAS	VIC	WA

B2. Purpose of the Organisation

The organisation has demonstrated experience in providing support, or a like service, to a particular cohort with similar needs, or their service or program relates to the prevention and treatment of dust diseases, as per the <i>Workers' Compensation (Dust Diseases) Act 1942</i> s6(2A).					
Demonstrated experience in providing support					
Relates to the prevention and treatment of dust diseases					
Neither of the above – if neither, this application is ineligible for funding					
Provide an outline of how your organisation demonstrates experience in providing support and/or relates to the prevention and treatment of dust diseases (maximum 250 words):					

B3. Target Demographic	
Explain how your organisation supports or proposes to support the target demographic (maximum 250 words):	
Measurement of Target Demographic	
List the way in which your organisation measures whether beneficiaries of your proposed program/service fall into the target demographic defined in Section 2 of the guidelines (maximum 250 words):	
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The p	roposed program aligns with one or more of the DDB Support Organisation Grant Stream Priority Areas.
(Pleas	se tick the appropriate box/es)
	Cohort
	Support
	Collaboration
	Innovation & Technology
The p	roposal aligns with the overall purpose of the Support Organisation Grant program (tick all that apply):
	Optimise the wellbeing of people with a dust disease
	To inform and educate people about dust diseases and the Dust Diseases Care Scheme
	Support people through the Dust Diseases Care Scheme's compensation process
	To measure and increase the impact and reach of the Support Organisation

Part C – About the organisation

C1. Organisational Details

Organisation Description
Provide a short description of your organisation, including its history and mission (maximum 250 words):
Beneficiary Demographic
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Organisation Activities						
Describe the main services, programs and activities your or	ganisation offers (maximum 250 words):					
	ganisation offers (maximum 250 words):					
Organisation Employees						
How many paid employees does your organisation have?						
Part time	Full time					
How many volunteers does your organisation have?						
Tion many voidineers does your organisation mave:						

C2. Financial Details

Financial Report Provide your most recent audited and signed Financial Report. Alternatively, you can provide the URL to access this information: Document is attached URL provided: **Income Source** Provide a percentage breakdown of your organisation's income sources, e.g. government funding 60%, philanthropy 20%, earned income 10%, fundraising 10%. **Significant Changes** If applicable, please provide details of significant financial or organisational changes your organisation is or will be encountering, that are not reflected in the organisation's most recent Annual Report or Audited Financial Report. These can be funding changes, strategic direction or structure changes, property acquisition or other. (maximum 250 words):

Part D – About the Proposal

D1. Proposal Details

Proposal Type							
The proposal relates to:							
a specific project, program or services							
general ongoing support for the operation of the organisation for a discrete time period							
Grant duration (1-3 years)	Project start date (between 1 July and 31 December 2025)						
Grant amount \$ Amount (Total funding requested	from the Dust Diseases Board, excluding GST)						
Target Demographic Needs							
	hic that the proposed program/service is designed to meet definition of the target demographic) (maximum 250 words):						

Alternative Funding Are you seeking funding for this proposal from additional/alternative source(s)? No Yes (please provide details): Collaboration Does your proposal include collaboration with another organisation? No (please go to Section D2.) Yes (please provide details below) Details of collaborating organisation: Organisation name Street address Postal address (if different from street address) ABN Email address (if applicable) Website URL Which states/territories does the organisation operate in? (tick all that apply): ACT NSW NT VIC QLD SA TAS WA

In a **separate PDF document** provide a letter of support from the collaborating organisation stating the nature of the collaboration and the role of each respective party.

D2. Project Design, Methodology and Impact Evaluation

(Please note that if your application is successful, the DDC Research and Education Team will work with you to further develop aims and indicators to track your progress and complete an Impact Evaluation Plan. Your responses to the below questions will inform this process.)

ms Describe the aims of your proposed program/service: g. to improve the psychological wellbeing of people suffering from an occupational dust disease) (maximum 250 v	words):
ctivities Describe the activities that you will undertake to achieve these aims:	
g. provision of weekly group support sessions run by a licensed psychologist) (maximum 300 words):	

Outcomes Describe the outcomes that you intend to have achieved as a result of the project. Provide short, medium and long-term outcomes: (e.g. to bring awareness of the type of assistance that a support group can provide; the connection of dust disease sufferers with a community of people with similar needs; a reduction in psychological distress experienced by dust disease sufferers) (maximum 250 words):
alocaco callolo, of (maximalii 250 words).
Impact Measurement Describe how you will measure the impact of the program/service activities. How will success
Impact Measurement Describe how you will measure the impact of the program/service activities. How will success be demonstrated? (e.g. participants will complete standardised questionnaires to measure their levels of psychological distress at specific intervals during and at the finalisation of the project) (maximum 250 words):
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D3. Project Budget and Justification

In a **separate PDF document** attach a detailed budget (using Project Budget Template) listing the proposed income and expenditure of your project. Ensure that you consult with the *DDB Support Organisation Stream Grants Program Guidelines FY25* for detailed information concerning eligible and ineligible items for funding.

D4. Risk Management

The Board expects there to be risks associated with the proposal. In a **separate PDF document** attach the Risk Management Plan Template detailing what risks may affect the successful delivery of your proposal and what your mitigation strategies are.

Part E - Checklist of Attachments

e submitting your application, please ensure that you have completed and attached all the required documents emplates listed below.
ACNC Registration
Annual Financial Statement
Completed Project Budget
Completed Risk Management Plan
Support letters from collaborating organisations (if applicable)

Part F – Compliance and Declaration

F1. Declaration by Delegated Officer

I/We hereby confirm that:

- I have read and complied with the DDB Support Organisation Stream Grants Program Guidelines FY25.
- Necessary checks have been made to confirm the application meets the eligibility criteria.
- The details in this application and all associated documents are true and complete to the best of my knowledge
- All required documentation and templates have been attached as instructed.

Title	Full name		
Position	title in organisation		
Signature	9	Date	
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