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Support Organisation Funding Program - Application Form FY2023/24

Instructions

Applicants must read the FY2023/24 Support Organisation Program Guidelines and ensure their eligibility before completing the application. Applications for funding can only be made by filling in this form. Applications not using this form will not be considered. Responses should be typed below each question using a standard font and font size of at least 11 point. Please note that word limits are strictly enforced. Any information provided beyond the word limit will not be considered.

Disclaimer

The submission of an application does not guarantee funding. The costs for producing the application are borne by the applicant. icare dust diseases care, also known as the Dust Diseases Authority (DDA), can withdraw funding in described circumstances and dates can be changed. Applicants should read the FY2023/24 Support Organisation Program Guidelines to be fully informed of requirements.

Freedom of information

Information received in applications and in respect of applications is treated as confidential. However, documents held by icare dust diseases care are subject to the Government Information (Public Access) Act 2009. This means that the information contained in application forms and other relevant information may be released in response to a request lodged under the Act.

Declaration by applicant

The following declaration should be signed by the person who has delegated authority to sign on behalf of the organisation such as the Chief Executive Officer, Chief Operating Officer, Chief Financial Officer or General Manager.

I/We certify that the information given in this application is true and correct. I/We agree the information disclosed in this application may be disclosed to other government agencies, reviewers and staff assisting with the administration or promotion of the Dust Diseases Board’s funding programs.

Printed name

Position title in organisation

Signature

Date

1. Organisation information

Organisation name	ABN (if applicable)	Postal address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street address (if different from Postal address)	Phone	Website
<input type="text"/>	<input type="text"/>	<input type="text"/>

Which states/ territories does the organisation operate in (tick all that apply):

<input type="checkbox"/> ACT	<input type="checkbox"/> NSW	<input type="checkbox"/> NT	<input type="checkbox"/> QLD	<input type="checkbox"/> SA	<input type="checkbox"/> TAS	<input type="checkbox"/> VIC	<input type="checkbox"/> WA
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1.1. Delegated authority contact details

Title	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position title	Email address	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.2. Responsible Officer contact details

Title	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position title	Email address	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Eligibility

Is your organisation a not-for-profit and registered as a charity with the ACNC and/or the State or Territory in which it operates?

<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	! Attach proof
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The organisation has demonstrated experience in providing support, or a like service, for people with dust diseases or their families, or the service or program relates to the prevention and treatment of dust diseases, as per the Dust Diseases Workers Compensation Act 1942 s6.

<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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Indicate applicable

That at least 70% of the proposed program or support service recipients are people who developed a dust diseases whilst working in NSW or are the dependents or family members of people who developed a dust disease whilst working in NSW.

<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	! Refer section 4 below
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That the proposed program or service aligns with the criteria of one or more of the DDB Support Organisation Funding program pillars outlined in the Funding Program Guidelines.

No Yes

Indicate applicable pillar/s

The proposal aligns with the overall purpose of the Funding Program (select applicable).

No Yes

- Optimise the wellbeing of people with a dust disease;
- To inform and educate people about dust diseases and the Scheme;
- Support people through the Schemes compensation process;
- Build capacity and sustainability with Support Organisations, particularly within organisations that provide support in person to people living with a dust disease;
- Increase and measure the impact and reach of the funding streams.

3. About the organisation

Please provide a short description of your organisation, including its history and mission. *(max 250 words)*

Outline the main services, programs, and activities it offers. *(max 250 words)*

Please provide details about your organisation's target demographic, outline their needs/issues they face and how your organisation is positioned to meet these needs. (max 300 words)

How many paid employees does your organisation have?

Part time Full time

How many volunteers does your organisation have?

Please provide your most recent audited and signed Financial Report. Alternatively, you can provide the URL, to access this information.

 ! Attach document

Please provide a percentage breakdown of your organisation's income sources, e.g. *government funding 60%, philanthropy 20%, earned income 10%, fundraising 10%*.

How will the operations be sustained once the grant from the Dust Diseases Board has been expended? (max 200 words)

If applicable, please provide details of significant financial or organisational changes your organisation is 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. *(max 250 words)*

4. About the proposal

Grant duration (1-3 years):

\$ Amount: (Total funding requested from icare Dust Diseases Board, excluding GST)

Beneficiaries: Please provide details about the proposal's beneficiaries. What percentage of these will be people who acquired their dust disease through working in NSW, or their family or dependents. How will you measure this? *(max 250 words)*

Project Start date *(must be after 30 June)*:

Alternative funding: If you are seeking funding for this proposal from an additional/ alternative funding source, please provide details

Alignment with pillars: Please explain how your proposal aligns with the primary funding pillar(s) you've selected (refer section 2) and meets the requirements outlined in the Program Guidelines. You can indicate alignment with more than one pillar if applicable. Please refer to the Program Guidelines for further information regarding the pillars. *(max 350 words)*

Primary pillars (select applicable):

Support

Sustainability

Cohort Focus

Collaboration

Innovation and Technology

Project Design, Methodology and Evaluation: Please note that if your application is successful, DDC Research staff will work with you to further develop aims and indicators to track your progress and complete a proposed evaluation plan. Your responses to the below questions will inform this process. (max 350 words)

- Aims:** Describe the aims of your proposed project.
- Activities:** What activities will you undertake to achieve these aims?
- Outcomes:** What do you intend to have achieved as a result of the project? What does success look like? Provide short, medium and long-term outcomes.
- Measures:** What are your indicators of success and how will you measure these. How will you know if success has been achieved?

Project Budget: Please **attach** a detailed budget (either in MS Word or Excel) listing the proposed income and expenditure of your project. Use the format of the sample table below as an example and provide as much detail as possible.

If successful with this application, project expenditure will be tracked against this proposed budget. Also note the ineligible items listed in the Program Guidelines.

Sample Table below:

Budget Item (e.g. staffing cost, travel costs, airfares, car hire, consumables, printing, speaker costs, equipment hire, laboratory supply)	Cost calculation (provide specific calculations to justify the expense)	Funding requested from Dust Diseases Board \$(GST exclusive)	Co-contribution or in-kind contribution \$(GST exclusive)	Source of co-contribution or in-kind contribution	Total amount \$(GST exclusive)
<i>e.g. Travel Costs: Airfares</i>	<i>2x return flights Syd - Mel @ \$350 = \$700</i>	\$700.00	\$0.00		\$700.00
<i>e.g. Staffing cost: Project Officer</i>	<i>employed for 2 years to deliver the project, salaried at \$80,000 (excl. on-cost) p.a. = \$160,000</i>	0	\$160,000.00	<i>Own funds</i>	\$160,000.00
<i>e.g. Event costs: Equipment hire</i>	<i>PA Speaker system @ \$1,000 per day x 3 days = \$3,000</i>	\$3,000.00			\$3,000.00
<i>e.g. Research Costs: Transcription of interview</i>	<i>\$300 per interview x 25 interviews = \$7,500</i>	\$5,000.00	\$2,500.00	<i>in-kind contribution from Transcriber</i>	\$7,500.00
Total funds requested from icare Dust Diseases Board:			Total project cost:		

Risk Management

The Board expects there to be risks associated with the proposal. Please detail what risks may affect the successful delivery of your proposal and what your mitigation strategies are. Please use the template provided below and attach it to the application.

- Score likelihood and severity of risk [**H**=High (3) **M**=Medium (2) **L**=Low (1)].
- Calculate level of risk by multiplying likelihood by consequence.
- Is this level acceptable/unacceptable?
- Provide strategies to minimise risks in second table and calculate the adjusted level of risk.

		Consequence		
		low	medium	high
Likelihood	low	1	2	3
	medium	2	4	6
	high	3	6	9

Risk register

Risk ID	Risk	Likelihood H M L	Consequence H M L	Level of risk 1-9	Comment (Acceptable / Unacceptable)
1					
2					
3					

Risk mitigation strategies

Risk ID	Mitigating Actions	Residual Risk Likelihood H M L	Residual Risk Consequence H M L	Residual risk Level 1-9	Comment (Acceptable / Unacceptable)
1					
2					
3					

5. Checklist of attachments

Please ensure the following documentation has been submitted with this application:

- ACNC Registration Annual Financial Statement
 Risk Matrix Budget
 Support letters from collaborating organisations (if applicable)