

# Responding to COVID-19 in the sexual, domestic and family violence Application

## Form Preview

### Completing the grant application form

#### Before you begin

The Queensland Government recognises that the COVID-19 pandemic has had a lasting impact on the delivery of frontline sexual, domestic and family violence support and services have seen a rise in demand and an increase in complexity.

The Queensland Government is committed to enhancing service responses to address these impacts and challenges and this one-off grant process will support organisations to implement projects that achieve this. The grants program is supported by funding from the Commonwealth Government.

Before completing this form, ensure you have read the 2020 Grant Information and Application Guidelines available here: <https://www.csyw.qld.gov.au/campaign/not-now-not-ever-together/grants/responding-covid-19-sexual-domestic-family-violence-sectors-grants-program>

#### Purpose of the grants

One-off grants are being offered to support frontline sexual, domestic and family violence services to respond to the challenges posed by COVID-19 by assisting services to:

- Adapt service delivery, for example by making service adjustments or modifications to respond to changing client needs or social distancing requirements.
- Expand service delivery, for example by increasing capacity to deliver more services to more clients.
- Introduce new services, in accordance with demand arising from the COVID-19 pandemic.

#### **Funding will be made available to support initiatives addressing the impact of COVID-19 through:**

- Organisations that provide a direct and frontline service to people experiencing, or at risk of experiencing, sexual, domestic and family violence; or provide services or programs for perpetrators, as part of their overall service delivery model.
- Initiatives that target groups that, for various reasons, face either a higher risk of being subjected to this violence or face greater challenges in accessing support services to help them escape, or recover from, the violence including Aboriginal and Torres Strait Islander people, people with a disability, LGBTIQ and CALD communities (including people on temporary visas), rural regional and remote communities and particular age cohorts such as young people or older Queenslanders.
- Initiatives that target prevention, early intervention and post crisis support.
- Initiatives that target non-physical forms of abuse.
- Initiatives that relate to *Queensland's Domestic and Family Violence Prevention Strategy 2016-2026* to reduce domestic violence reoffending, including working with perpetrators and/or with victim-survivors.
- Initiatives that relate to *Prevent. Support. Believe. Queensland's Framework to address Sexual Violence.*

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### Funding available

This one-off non-recurrent funding is available for events/projects/activities to be delivered once the successful recipients have been announced and completed by 31 December 2021.

The total allocation of funds for this grant round is \$2 million with applications invited from \$50,000 to \$150,000.

The grants are one-off, COVID-19 specific funding for 2021 only and should not be sought to support initiatives with recurrent funding implications.

### Completing the application

#### **When completing the grant funding application form:**

- All sections of the form must be completed.
- Keep your answers concise by observing the word limit for each selection criterion.
- Applicants may attach letters from collaborative partners that state how their organisation supports the work you hope to undertake through this Community Grant.
- Applicants may quote or summarise other documents within the response to a selection criterion. Please do not attach the whole document.
- Note this funding application form is for one event/project/activity only. A separate application form must be completed for each event/project/activity for which funding is sought.

### Privacy notice

The Department of Justice and Attorney-General is collecting information, including personal information, on this form for the purpose of assessing your application. Your personal information will only be accessed by authorised departmental officers for purposes directly related to assessing this application.

Your personal information will be managed in accordance with the Information Privacy Principles outlined in the <https://www.justice.qld.gov.au/legals/privacy>.

The department may provide local Members of Parliament with the contact details of organisations approved for funding.

Your personal information will not be disclosed to any other third party or used for any other purpose without your consent.

### Questions

If you have any questions about your application or require further information please contact the Department of Justice and Attorney-General on (07) 3097 6442 or via email on [partnerships@csyw.qld.gov.au](mailto:partnerships@csyw.qld.gov.au)

### Eligibility Criteria

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\* indicates a required field

You must ensure you meet the Eligibility Criteria set out in the Responding to COVID-19 in the sexual, domestic and family violence sectors grants program 2020 Grant Information and Application Guidelines, [available here](#).

### Applicants must:

- be a not-for-profit, legal entity **OR**
- be a local government entity **OR**
- have an auspice agreement with any of the above entities.

### Additionally, applicants must:

- have current Public Liability Insurance **AND**
- have no outstanding financial accountability, service delivery or performance issues for funding provided by the Department of Justice and Attorney-General **AND**
- be established in Queensland and be currently operational in Queensland.

### Initiatives must:

- be completed by 31 December 2021
- be delivered in Queensland, **AND**
- support the purpose of this grant program.

### How eligibility will be assessed:

You will need to provide:

- an Australian Business Number (ABN) on your application form **OR**
- a copy of your government issued certification of incorporation or other incorporation documentation (e.g. a constitution), to demonstrate that you are a not-for-profit organisation.

The Department of Justice and Attorney-General may contact you during the assessment process to request:

- a copy of your most recent Audited Financial Statement
- further details be submitted, or
- clarification of the information provided.

## Eligibility confirmation

### Which option best describes your organisation? \*

☐ a not-for-profit legal entity   ☐ a local government entity   ☐ a Queensland Parents & Citizens Association

### Are you auspicings another organisation to deliver the event, project or activity? \*

☐ Yes   ☐ No

Refer to 'important information on auspicings agreements' on the previous page which provides further information about auspicings requirements.

**I confirm the applicant meets the above eligibility criteria \***

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☐ Yes

☐ No

You must confirm that all statements above are true and correct before proceeding. If you do not meet the eligibility requirements your application will not be considered.

### Evidence of not-for-profit status

Attach a file:

If you are a public company and not registered on the Australian Charities and Not-for-profits Commission, please upload documentation that evidences your not-for-profit status.

## Important information on auspicing agreement

### What is auspicing?

When using an auspice arrangement, the relationship is often described as one where the auspicee will be carrying out the project 'under the auspices of' the incorporated organisation – the auspisor. The auspisor receives funding or enters into relevant agreements for the auspicee.

Another way to think of an auspicing arrangement is that it is a bit like a sub-contracting arrangement: the auspisor enters into an agreement, and then sub-contracts their obligations under the agreement to the auspicee. However in reality, normally the auspicee would approach the auspisor, and the auspisor may even charge a fee for auspicing the auspicee.

### Definitions

*Auspice:* to 'auspice' means to provide support, sponsorship or guidance.

*Auspicee:* the group or individual requiring support.

*Auspisor:* the incorporated organisation that auspices the group or individual.

## What projects will not be funded

The following **will not** receive funding through this grant round:

- projects where the applicant does not meet the eligibility criteria
- projects that do not meet the grant purpose
- projects involving travel outside Queensland or involving overseas people visiting Queensland
- projects that are political in nature or are held for political purposes
- commercial or fundraising activities
- projects where more than 20 per cent of funds are allocated to administrative costs
- projects where more than 10 per cent of funds are allocated to purchase of assets
- projects where grant funds are allocated to: acquittal, auditing or reporting costs; existing debt or loan repayments; purchase of gifts or prizes; or fees associated with an auspice agreement.

## Applicant's Contact Details

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\* indicates a required field

### Applicant organisation details

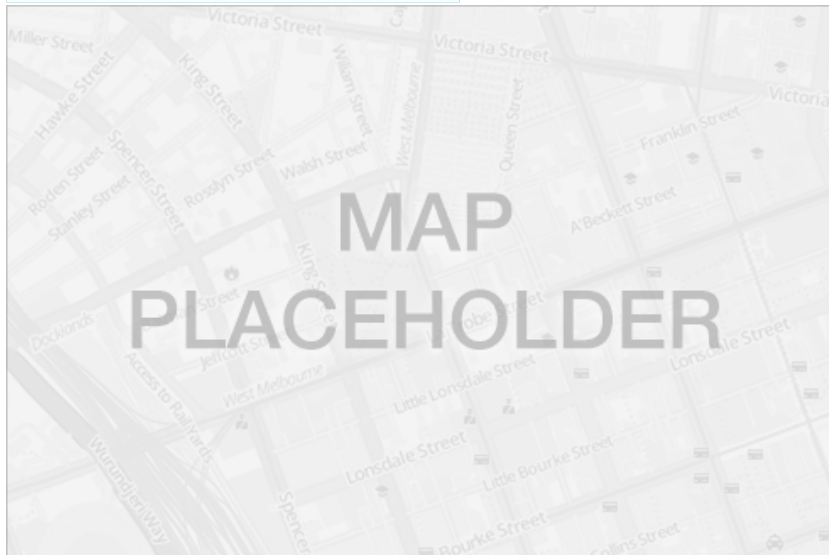
#### Applicant organisation name \*

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

#### Applicant Primary Address \*

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

#### Applicant Postal Address

Address

#### Applicant website

Must be a URL

#### Primary contact person \*

Title First Name Last Name

This is the person we will correspond with about this grant

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### Position held in organisation \*

e.g. Manager, Board Member, Fundraising Coordinator

### Primary phone number \*

Must be an Australian phone number.  
Need to include area code.

### Back-up phone number

Must be an Australian phone number.

### Primary contact person's email address \*

This is the address we will use to correspond with you about this grant.

### Secondary Contact Details

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This person will be contacted in the event where the primary contact does not respond or is unavailable, then the Department will approach the secondary contact.

### Secondary Contact Details Primary Address

Address

<input type="text"/>
<input type="text"/>

### Secondary Contact Details Position

### Secondary Contact Details Phone Number

Must be an Australian phone number.

### Secondary Contact Details Primary Email

Must be an email address.

## Organisation Details

\* indicates a required field

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### What is your organisation's purpose or mission? \*

Must be no more than 100 words.

To provide a brief overview of what the organisation does

### What type of not-for-profit organisation are you?

- ☐ Educational institution (includes pre-schools, schools, universities & higher education providers)
- ☐ Religious or faith-based institution
- ☐ Philanthropic organisation
- ☐ Peak body
- ☐ Social enterprise
- ☐ International NGO
- ☐ Professional association
- ☐ Healthcare not-for-profit
- ☐ Community group
- ☐ Political party / lobby group
- ☐ Research body
- ☐ General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

### Does your organisation have an ABN? \*

- ☐ Yes ☐ No

### ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

## Certificate of incorporation

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If you do not have an ABN, you must attach a copy of your Certificate of Incorporation to this application

### Certificate of Incorporation

Attach a file:

### Public liability insurance cover

**Do you hold a minimum of \$10M Public Liability Insurance cover for the duration of your event / project / activity? \***

☐ Yes ☐ No

### Please upload your Certificate of Currency for Public Liability Insurance \*

Attach a file:

Please note that this CAN NOT be a receipt of your payment for paying of your Public Liability Insurance this has to be your Certificate of Currency.

### Proposed public liability insurance details if event not covered

**Please provide details on your plans to obtain Public Liability Insurance, including the name of the insurer, amount of insurance, proposed sum and expiration date.**

Must be no more than 300 words.

### Other insurance relevant to proposed event, project or activity

**Are you required to hold any other insurance for the proposed event, project or activity?**

☐ Yes ☐ No

### Outstanding money/requirements with other Departments?

**Does your organisation have any outstanding funding, acquittals or reporting requirements due to any government agency? \***

☐ Yes ☐ No

## Auspice Information

\* indicates a required field

### Auspice organisation details

**Name of auspicing organisation \***

Organisation Name



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### Auspicing organisation's website

Must be a URL

### Primary contact person at auspicing organisation \*

Title

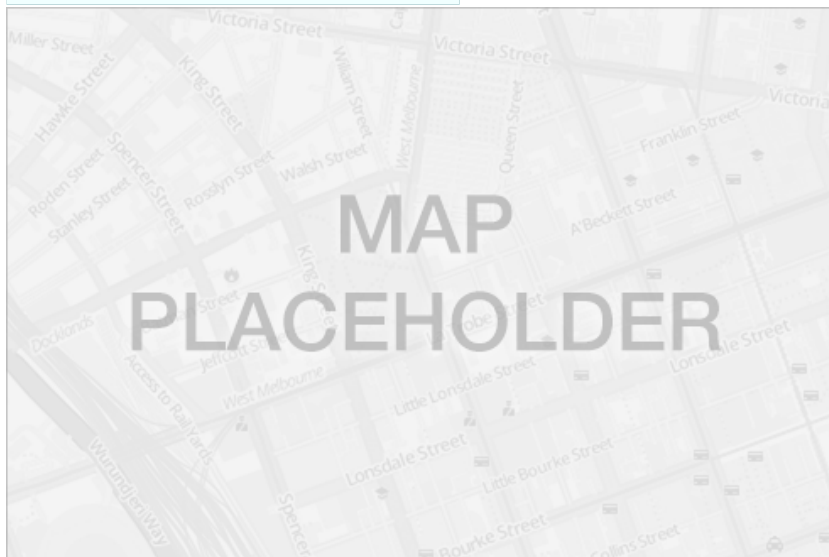
First Name

Last Name

We may contact this person to verify that this auspicing arrangement is valid and current.

### Auspice Primary Address \*

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

### Auspice Postal Address

Address

### Position held in organisation

e.g. Manager, CEO

### Contact person's primary phone number \*

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**Contact person's back-up phone number**

**Contact person's email address \***

Must be an email address

**Please attach a letter from the auspicing organisation confirming this arrangement is valid and current \***

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

**Please provide ABN of auspicing organisation**

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

## Project / Activity / Event Details

\* indicates a required field

### Project / Activity / Event Overview

**Project title:**

Provide a name for your project/program/initiative. Your title should be short but descriptive

**Please provide a short summary of your project/ activity/ event \***

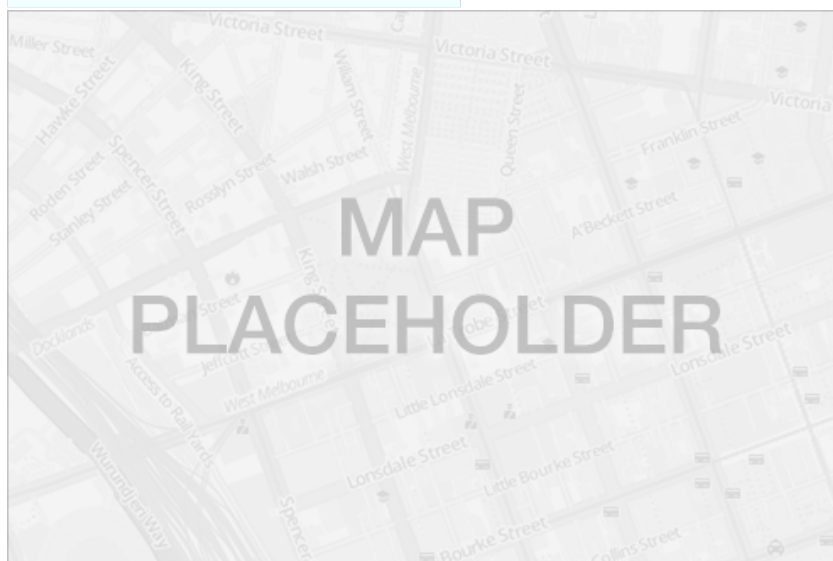
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Must be no more than 250 words.

### Main Event / Activity / Project Location \*

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### State electorate of event?

### Proposed Dates

Anticipated start date \*

Must be a date.

Must be a date. If unknown provide you best guess between 31 March to 31 December 2021.

Anticipated end date \*

Must be a date and no later than 31/12/2021.

### Planned Participants

#### Planned participants from you organisations \*

Must be a number.

#### Planned participants from the wider community \*

Must be a number.

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### Total Participants

This number/amount is calculated.

How does your project support the objectives of this grants program

### Which of the following as outlined in the purpose Responding to COVID-19 in the sexual, domestic and family violence sectors grants program does your project / activity / event contribute towards?

- ☐ Organisations that provide a direct and frontline service to people experiencing, or at risk of experiencing, sexual, domestic and family violence; or provide services or programs for perpetrators, as part of their overall service delivery model
- ☐ Initiatives that target groups that, for various reasons, face either a higher risk of being subjected to this violence or face greater challenges in accessing support services to help them escape, or recover from, the violence including Aboriginal and Torres Strait Islander people, people with a disability, LGBTIQ and CALD communities (including people on temporary visas), rural regional and remote communities and particular age cohorts such as young people or older Queenslanders.
- ☐ Initiatives that target prevention, early intervention and post crisis support
- ☐ Initiatives that target non-physical forms of abuse.
- ☐ Initiatives that relate to Queensland's Domestic and Family Violence Prevention Strategy 2016-2026 to reduce domestic violence reoffending, including working with perpetrators and/or with victim-survivors.
- ☐ Initiatives that relate to Prevent. Support Believe. Queensland's Framework to address Sexual Violence

## Assessment Criteria

### 1. How will the project address or respond to impacts of COVID-19? \*

Word count:

Must be no more than 300 words.

What is the extent to which your project addresses or responds to impacts of COVID-19 on people experiencing sexual, domestic and family violence? What outcomes are expected? What activities will be involved? How it aligns and support the Third Action Plan of Domestic and Family Violence Prevention Strategy and/or Prevent. Support. Believe. Queensland's Framework to address Sexual Violence.

### 2. What is the need for the funding and how will it be used? \*

Word count:

Must be no more than 300 words.

A breakdown of the budget (specific to the grant monies only). Evidence of why this funding is needed. How the initiative will be managed as a one-off, non-recurrent COVID-19 specific during 2021 only?

### 3. Who is the client base that will benefit from the funds? \*

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### Word count:

Must be no more than 300 words.

Who is the primary client base? Why that group has been chosen/what has been the particular impact of COVID-19 on this group including evidence to support the request?

### Letters of support

If your organisation plans to engage with other organisations or community initiatives to implement this activity / event / program please upload letters of support or memorandum of understanding please upload this below.

#### Upload letters of support here:

Attach a file:

A maximum of 5 files may be attached.

### Breakdown of how Funding will be Spent

\* indicates a required field

#### Total one-off funding being requested \*

\$

Must be a dollar amount between \$50,000 to \$150,000

### Budget Expenditure

Expenditure Type	Expenditure Description	Expenditure Amount (\$)	Notes
		\$	

### Partner Contributions

#### Please enter in kind or other contributions from your organisation or partner organisations.

Complete the table below, listing the primary partners for this event, project or activity, and the type of support they are providing.

We recommend you attach a letter of support from each partner, in which the partner details the type (e.g. auspicing, sponsoring, staff time, venue hire etc) and equivalent monetary value of the support they are providing.

Priority will be given to applications where there is evidence of collaboration/partnership commitment from other organisations.

When completing the table:

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- ensure your budget estimates are as accurate as possible
- use whole amounts (i.e. dollars only, no cents)
- do not add commas or dollar '\$' symbols (i.e. enter one thousand dollars as 1000, not \$1,000).

Partner Name	What support will they provide?	Support confirmed in writing?	Amount (\$)	Upload Letter of Support from Partner	Notes
			Must be a dollar amount.		
			\$		

## Budget Totals

### Total Amount

\$

This number/amount is calculated.

Calculated with the total amount of request expenditure amount and partner contributions.

### Total Expenditure Amount

\$

This number/amount is calculated.

Sum of total expenditure amount in the Budget Expenditure table.

## What other inputs will you need in order to successfully carry out this project?

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

## Applicant Capacity

\* indicates a required field

Now that we know about your project/program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application. \*

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### Word count:

Must be no more than 250 words.

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

## Certification and Submitting the Application

\* indicates a required field

### Certification

The signatory must be a person within the applicant organisation who has the authority to sign on behalf of the organisation.

I declare that:

- I am authorised by the applicant organisation to submit this application.
- the details in this application are true and correct.
- sufficient control mechanisms are in place to ensure that all monies can be managed and accounted for appropriately.
- I understand that this is an application only and may not necessarily result in funding approval.

**I have read and agree to the above: \***

☐ Yes, I have read and agree

☐ No, I do not agree

**Name of authorised person \***

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

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Must be a date

### Our requirements from successful applicants

If your application for *Responding to COVID-19 in the sexual, domestic and family violence sectors* grant funding is successful, you will be required to:

- Enter into a service agreement with the Department of Justice and Attorney-General before receiving the grant funding
- Provide a certificate of currency for insurance prior to funds being released. At a minimum, applicants must hold public liability insurance to the value of at least \$10 million
- Acknowledge the funding source on any printed or promotional material relating to the project or activity, including websites
- Following the delivery of the funded project complete an activity report outlining the project and outcomes achieved, **AND**
- Comply with the *Community Services Act 2007*.

### Submitting the application

#### Closing date

- Applications close midnight **5pm (Qld AEST) Sunday 28 February 2021**.
- If you have **questions regarding your application** please ensure that they are submitted to the Department no later than **5pm Thursday 25 February 2021** so that we can respond to your question before the grant round closes.

#### Submitting applications

- A separate application must be submitted for **each** proposed project, however organisations will only be awarded one grant.
- In some circumstances, late applications may be accepted but you must contact the Department of Justice and Attorney-General beforehand to seek approval.
- Email applications will not be accepted.
- Applications under an auspice arrangement must be submitted by the auspice organisation.
- Applications that are incomplete after the closing date will not be assessed, unless approval has been provided for a late submission.

#### Please indicate how you found the online application process:

☐ Very easy    ☐ Easy    ☐ Neutral    ☐ Difficult    ☐ Very difficult

#### How many minutes in total did it take you to complete this application? \*

Estimate in minutes i.e. 1 hour = 60

#### Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.



