



NATIONAL EMERGENCY VOLUNTEER SUPPORT FUND Application Form 2009-10

BEFORE COMPLETING THIS APPLICATION you MUST read the Program Guidelines and Guide for Applicants. These can be viewed at: www.ema.gov.au/communityengagement

SECTION 1. APPLICANT DETAILS

| | | | | | |
|--|--|--|-------------------|------------|------------------|
| Unit Name | | | | | |
| Agency Name | | | | | |
| Australian Business Number (ABN) | See Note 1 before completing | | | | |
| Postal Address (This is the address to which all correspondence generated by the Attorney-General's Department will be sent) | Street Address or PO Box Number | | | | |
| | Suburb | | City | | |
| | Postcode | | State | | |
| Contact Person for your Project | Title | | Given Name | | Last Name |
| Position | | | | | |
| Telephone (W) | | | | Fax | |
| Mobile Telephone | | | | | |
| E-mail | | | | | |
| Secondary Contact Person | Title | | Given Name | | Last Name |
| Position | | | | | |
| Telephone (W) | | | | Fax | |
| Mobile Telephone | | | | | |
| E-mail | | | | | |

SECTION 2. PROJECT SUMMARY

| | | | | | |
|---|--|--|--|--|-----------------|
| Project Name (Note: 2) (No more than 10 words) | | | | | |
| Brief Summary (Note: 2) (No more than 25 words) | "to....." | | | | |
| Project area/location | Town or locality | | | | Postcode |
| Total Funding Sought (This amount MUST match amount in Section 7) | \$ Total (GST exclusive) Please note that total project funding is generally capped at \$50,000 (GST exclusive) Please see Section 7 regarding calculation of GST. | | | | |

Note: 1 - Only one ABN can be assigned to this application. The ABN provided must be that of the organisation (entity) responsible for the legal and financial accountability of the proposed project - ie the entity that enters into a Funding Agreement with the Commonwealth Government. If your Unit cannot meet the legal and financial accountability requirements of the project, the ABN provided must be that of your Parent Agency at Section 3. If you are listing a sponsoring organisation at Section 3, please leave this section blank.

Note: 2 - you must comply strictly with these word limits

If you require assistance in completing this application please seek advice from your State Contact Officer

SECTION 3. SPONSORING ORGANISATION**Please complete this section if a sponsoring organisation is managing the project on your behalf.**

The sponsoring organisation, e.g. your Parent Agency, must take full responsibility for the legal and financial accountability of the proposed project, i.e. enter into a Funding Agreement with the Commonwealth Government.

| | | | | | | |
|---|--|--|-------------------|--------------|------------------|--|
| Organisation Name | | | | | | |
| Australian Business Number (ABN) | | | | | | |
| Postal Address | Street Address or PO Box Number | | | | | |
| | Suburb | | | | City | |
| | Postcode | | | State | | |
| Contact Person | Title | | Given Name | | Last Name | |
| Position | | | | | | |
| Telephone (W) | | | | Fax | | |
| Mobile Telephone | | | | | | |
| E-mail | | | | | | |

SECTION 4. PROJECT MANAGEMENT AND MAINTENANCEExplain how the project will be undertaken and managed. Indicate who will manage the project (eg. agency staff, contractor, consultant, volunteer officer) and the reporting/management structures. Who will be responsible for any future maintenance and upkeep required? **NOTE: FUNDING IS NOT AVAILABLE FOR FUTURE MAINTENANCE OR UPKEEP.**

SECTION 7. BUDGET BREAKDOWN

Provide a detailed budget for your project, identify the different items (eg labour, consultancy fees, materials, equipment etc). Provide as much detail as possible. **Budgeted costs must be GST exclusive.** If you are successful in obtaining funding, we will determine the amount of GST applicable to your grant and 'gross-up' funding accordingly.

NOTES: FUNDING IS NOT AVAILABLE FOR FUTURE MAINTENANCE OR UPKEEP
IF YOUR APPLICATION COVERS EQUIPMENT, PLEASE IDENTIFY AND LIST ALL EQUIPMENT PROPOSED FOR PURCHASE.

| Item | 2009-10 (GST exclusive) |
|---|----------------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total (GST exclusive) This amount MUST match the Total in Section 2 – Total Funding Sought | \$ |

SECTION 8. WORK PLAN TO ACHIEVE PROJECT OUTPUTS

Provide a work plan for the project showing key milestones, the tasks required to meet those milestones and the expected duration.

| Key Milestones | Tasks | Expected Duration |
|----------------|-------|-------------------|
| | | |
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SECTION 9. APPROVALS REQUIRED

Are there any approvals, permits or applications that will be required to enable the project to proceed? If yes, please provide details.

SECTION 10. PROJECT OUTPUTS AND OUTCOMES

List the anticipated outputs and outcomes of the project. Outputs are those tangible items that will be produced by the project (eg reports, plans, equipment, brochures, posters, training course documentation etc). Outcomes are what the project aims to achieve (eg training courses conducted for staff, recruitment drive conducted etc). Outline the expected longer term benefits from the project (eg enhanced recruitment, increase in retention rate, more effective response/recovery capability etc).

| | |
|--|--|
| Outputs (What tangible items will be produced by the project?) | |
| | |
| | |
| | |
| Outcomes and Expected Benefits (What does your project aim to achieve? What are the longer term benefits?) | |
| | |
| | |
| | |

SECTION 11. ADVERSE IMPACTS

Are there any adverse impacts that may result from the project (eg environmental, community, cultural, social etc)? If so, give details and explain how these impacts will be addressed.

SECTION 12. PREVIOUS AND PENDING FUNDING APPLICATIONS

Have you previously sought, or are you currently seeking either Australian Government, State/Territory Government, or other funding for this project? If so please provide details.

| Name of Fund and Department | Year of Funding | Funding Received/ Sought | Successful or Pending |
|-----------------------------|-----------------|--------------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 13. CO-CONTRIBUTIONS

Is your project dependent on financial contributions from any other source? If yes, please provide details below. You will also need to supply a letter of support from the organisation as evidence of the availability of that funding.

| Name of Organisation | Amount of Funding | Letter of Support Attached |
|----------------------|-------------------|----------------------------|
| | | Yes / No |
| | | Yes / No |
| | | Yes / No |
| | | Yes / No |

SECTION 14. PREVIOUS STUDIES UNDERTAKEN

If applicable, in **350 words or less**, give details of any relevant studies or research previously undertaken. Explain how the outcomes of these studies support or relate to the proposed project.

SECTION 15. CONSULTATION AND COLLABORATION

Does the project require community consultation? If so, how do you intend to consult (eg community meeting, seeking public comment etc)? Does the potential scope of the project extend to agencies in surrounding areas? If so, has the project been developed in consultation with those agencies and any other interested parties? Give details.

SECTION 16. EVALUATION

How will you evaluate the success of your project? Methods of evaluation include: before and after questionnaires, observations by staff and volunteers, self assessment of lessons learnt and what proved to be important.

SECTION 17. ADDITIONAL INFORMATION

How did you first find out about the National Emergency Volunteer Support Fund?

- Internet (please provide website name)
- Brochure
- Print media (please provide publication name)
- Radio Broadcast (please provide radio station name)
- Word of mouth
- Parent Agency
- Other (please provide details)

SECTION 18. DECLARATION

To be signed by the **Local Unit Manager** and the **Chief Executive Officer or equivalent**.

I declare that the information provided in this form and attachments is, to the best of my knowledge, true and correct and I understand that any omission or false statement may result in the rejection of the application or withholding of any funds already approved.

I understand that the Australian Government, or its agent, may check any of our statements for the purpose of assessing this application and agree to provide any additional information they may request.

I certify that the project as outlined in this application can be completed prior to 30 June 2010.

I understand that this is an application only and may not necessarily result in funding approval.

I consent to the release of information in this application (excluding personal details) for non-commercial public information purposes.

| | | |
|------------------|---------------------------|--|
| Signature | | |
| Name | | |
| Position | Local Unit Manager | Parent Agency Chief Executive Officer or equivalent |
| Date | | |

Please e-mail your completed application, and post a signed hard copy, to your Parent Agency

APPLICATIONS CLOSE 5PM FRIDAY 6 MARCH 2009

Late applications will not be accepted

State Contact Officers

| | |
|---|---|
| <p>Australian Capital Territory Jan Dachs PO Box 104 CURTIN ACT 2605</p> <p>T (02) 6207 4367 F (02) 6207 8326 jan.dachs@act.gov.au</p> | <p>New South Wales Project Officer – National Emergency Volunteer Support Fund Level 11 52 Phillip Street SYDNEY NSW 2000</p> <p>T (02) 8247 5900 F (02) 9252 9168 NEVSF@emergency.nsw.gov.au</p> |
| <p>Northern Territory Peter Davies PO Box 39764 WINNELLIE NT 0821</p> <p>T (08) 8922 3639 F (08) 8947 2162 peter.davies@pfes.nt.gov.au</p> | <p>Queensland Jane Kyle GPO Box 1425 BRISBANE QLD 4001</p> <p>T (07) 3109 5099 F (07) 3247 8480 jkyle@emergency.qld.gov.au</p> |
| <p>South Australia Julie Frittum GPO Box 2706 ADELAIDE SA 5001</p> <p>T (08) 8204 9376 F (08) 8463 4065.... frittum.julie@safecom.sa.gov.au</p> | <p>Tasmania Chris Beattie GPO Box 1290 HOBART TAS 7001</p> <p>T (03) 6230 2772 F (03) 6234 9767 chris.beattie@ses.tas.gov.au</p> |
| <p>Victoria Peter Marczuk GPO Box 4356 QQ MELBOURNE VIC 3001</p> <p>T (03) 8684 7911 F (03) 8684 7956 peter.marczuk@justice.vic.gov.au</p> | <p>Western Australia Vivienne Gardiner PO Box P1174 PERTH WA 6844</p> <p>T (08) 9323 9580 F (08) 9323 9714 mitigation@fesa.wa.gov.au</p> |
| <p>Emergency Management Australia (Australian Government) Program Manager – Working Together to Manage Emergencies Attorney-General's Department PO Box 1020 DICKSON ACT 2602 T 02 6256 4608 F 02 6256 4653 cd@ema.gov.au www.ema.gov.au/communityengagement</p> | |