Before completing this application form please:

* read the Funding Guidelines: Aboriginal Workforce Grants competitive round 2019
* check your eligibility to apply
* check what can and can’t be funded.

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| Aboriginal Workforce Grants application form | | | | | | | | | | | | | |
| **Part A: Applicant details** | | | | | | | | | | | | | |
| **Name of applicant Business name** (legal name) | | | |  | | | | | | | | | |
| **Entity type**  Is the applicant an Aboriginal corporation, incorporated association, not for profit, private company or Aboriginal owned business? | | | |  | | | | | | | | | |
| **Australian Business Number (ABN)** | | | |  | | | | | | | | | |
| **Name of Owner/ Director/CEO**  Please include their email address | | | |  | | | | | | | | | |
| **Applicant address** (registered business street address-head office, with postcode) | | | |  | | | | | | | | | |
| **How many employees does the applicant currently employ?** | | | |  | | | | | | | | | |
| **Of the total number employed, how many identify as Aboriginal?** | | | |  | | | | | | | | | |
| **Contact person for this application** | | | | | | | | | | | | | |
| **Full name** | | | |  | | | | | | | | | |
| **Position title** | | | |  | | | | | | | | | |
| **Email** | | | |  | | | | | | | | | |
| **Phone number(s)** | | | |  | | | | | | | | | |
| **Current funding for applicant organisation** | | | | | | | | | | | | | |
| **Does your organisation have a current grant agreement in place with this department or with other funding bodies for related activity?** If ‘Yes’, please provide details in the table below (add rows if the space in the table is not sufficient) | | | | | | | | | | Yes  No | | | |
| **Funding organisation** | | | **Name of program or grant** | | | | | **End date** | | | | | **Amount ($)** |
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| **Part B: Key points about your project** | | | | | | | | | | | | | |
| **Title** | | | |  | | | | | | | | | |
| **Purpose**  A brief statement of the objectives/goals.  (max. 30 words) | | | |  | | | | | | | | | |
| **Industry sector** | | | |  | | | | | | | | | |
| **Funding amount requested ($)**  Total grant requested from the AWG fund. State the GST excl. amount only. | | | | **$** | | | | | | | | | |
| **Preferred start date** | | | |  | | | | | | | | | |
| **Preferred end date** | | | |  | | | | | | | | | |
| **Project activity location/s**  List the remote community(ies) or regional centre(s) where project activity will take place. | | | |  | | | | | | | | | |
| **How many Aboriginal Territorians will be supported in jobs?** | | | | | | | | | | | | | |
| New job commencements | | | |  | | Career advancement | | | | | |  | |
| **Will you undertake the project if this grant application is not successful?** | | | |  | | | | | | | | | |
| **Part C: Project details** | | | | | | | | | | | | | |
| **Project summary**  Provide a brief description and overview (100 words).   * Purpose * Evidence for the project * Objectives * Anticipated outcomes | | | |  | | | | | | | | | |
| **Methodology**  Your methodology will show how project activities will meet the objectives and outcomes (above). | | | |  | | | | | | | | | |
| **Does your project involve partnerships with other organisations?** | | | | | | | | | | | Yes  No | | |
| If yes, please identify project partners and their contact details. Include details of any contributions they will make to the project and the status of that commitment.  Note: Partners may be contacted by the panel to confirm. | | | |  | | | | | | | | | |
| **How will the partnership(s) be formalised if your project proposal is successful?**  (via MOU/contract or other?) | | | |  | | | | | | | | | |
| **Community support (if applicable)**  Projects that are designed to occur in Aboriginal communities or impact specific communities must have community support. | | | |  | | | | | | | | | |
| **Continuity**  How will you ensure that the benefits of your project continues beyond the funding period? | | | |  | | | | | | | | | |
| **Risk management**  Please describe how your organisation will manage and deliver the project, including issues that may impact project viability; e.g. staff turnover, partner withdrawing etc. Who is responsible for keeping the project on track? | | | |  | | | | | | | | | |
| **Capability, capacity and experience to deliver the proposal**  Describe your capability and capacity to deliver the project?  What experience and skills does your organisation have in delivering projects of this scale and type?  Briefly describe these projects and the outcomes and provide name and contact details of relevant referees. | | | |  | | | | | | | | | |
| **Key Performance Indicators** | | | | | | | | | | | | | |
| How will you know if project outcomes have been achieved? How will you measure success?  Please include a mix of numeric and qualitative measures. If successful, these measures may be included in the grant contract and may be linked to progress payments.  KPI 1 is a mandatory KPI specifying the employment outcomes for Aboriginal Territorians. | | | | | | | | | | | | | |
| Mandatory KPI  **KPI 1:** | | X number of Aboriginal people commence jobs in industry X  **Or**  X number of Aboriginal people advance their careers in industry X. | | | | | | | | | | | |
| **KPI 2** | |  | | | | | | | | | | | |
| **KPI 3** | |  | | | | | | | | | | | |
| **KPI 4** | |  | | | | | | | | | | | |
| **Key project milestones, timelines and deliverables** | | | | | | | | | | | | | |
| **Milestone**  (Each key stage / activity of the new project.) | | | | **Outcome**  (What the project will produce / achieve at each milestone?) | | | | | | | **Date**  (Key date for achieving this milestone?) | | |
| Add rows as needed | | | |  | | | | | | |  | | |
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| **Part D: Project funding** | | | | | | | | | | | | | |
| **Proposed grant expenditure**  List the proposed key areas of expenditure (GST exclusive). | | | | | | | | | | | **Amount ($) GST excl.** | | |
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| **Total expenditure of AWG grant funds (if successful) ($)**  Max. funding $80,000 (GST excl) | | | | | | | | | | | **$** | | |
| **Part E: Other contributions** | | | | | | | | | | | | | |
| **Financial contributions from the applicant**  Describe contribution: | | | | | | | | | | | $ | | |
| **In-kind contributions from the applicant**  Give an indicative dollar value. Describe contribution: | | | | | | | | | | | $ | | |
| **Financial contribution to this project from a source other than the applicant or AWG?**  If ‘Yes’, please identify the source(s) and the amount. Has this funding been secured? | | | | | | | | | | | | | |
| **Source**  (e.g. Australian Government funding, NT Government funding, philanthropic, other) | | | | | **Amount ($)** | | | | | | **Secured?** | | |
|  | | | | | $ | | | | | | Yes  No | | |
|  | | | | | $ | | | | | | Yes  No | | |
| **Will the project proceed if this contribution becomes unavailable?** | | | | | | | | | | | Yes  No | | |
| If Yes, please outline your risk strategy to ensure the project continues to be viable. | | | |  | | | | | | | | | |
| **Part F: Attachments** | | | | | | | | | | | | | |
| **Are you providing relevant documents in support of this proposal?**  Choose carefully – a maximum of 10 pages will be provided to the panel with your application form. | | | | | | | | | | | Yes  No | | |
| **Document title**  Note: For large documents; please only attach relevant pages. | | | | **What is it?**  Eg. Business Plan, MOU, service agreement. | | | | | **How does this relate to your proposal?**  e.g. provides evidence of:   * employer commitment to jobs * capacity to deliver. | | | | |
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| **Part G: Signature and declaration** | | | | | | | | | | | | | |
| Is the signatory authorised to sign contracts on behalf of the applicant organisation? | | | | | | | | | | | Yes  No | | |
| **Declaration**  “I declare that the information provided above is true and correct to the best of my knowledge.” | | | | | | | | | | | | | |
| Signature |  | | | | | | Date (dd/mm/yyyy) | | | |  | | |
| Name of signatory | | | |  | | | | | | | | | |
| Title of signatory  (e.g. Owner, CEO, Director, Chairperson) | | | |  | | | | | | | | | |
| **To submit your application**   1. Please scan the signed application and **email** it to [awg.dtbi@nt.gov.au](mailto:awg.dtbi@nt.gov.au).  **Applications must be received by 12 noon, Monday 21 January 2019.** Any alternative arrangements for submission must be agreed in advance by phoning 8999 6903. 2. All applications will be acknowledged. You will be sent notice of receipt of your application by email. This advice will be emailed to the contact person you nominate in **Part A**. 3. Please telephone 8999 6903 before the closing time/date if you have not received an acknowledgement of your application. | | | | | | | | | | | | | |