**World Elder Abuse Awareness Day (WEAAD) Regional Grants Program 2023**

### ****Application Form****

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Before completing this form, please ensure:

1. All the information contained in the Program Guidelines is read and understood.

## Section One – Applicant Details

**1.1 Organisation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal name of organisation:** | Click here to enter text. | | |
| **Trading name (if applicable):** | Click here to enter text. | | |
| **Postal address:** | Click here to enter text. | | |
| **Suburb:** | Click here to enter text. | **Postcode:** | Click here to enter text. |
| **Telephone:** | Click here to enter text. | | |

### 1.2 Entity type

Please tick the box which best describes your organisation:

* Incorporated association
* Local government authority
* Not-for-profit trust
* Organisation established   
  under an Act of Parliament
* Aboriginal corporation
* Not-for-profit company
* Unincorporated group   
  (Must apply under auspice of   
  an incorporated organisation   
  or WA local government  
  authority. See question 1.4.)
* Other   
  Please detail:   
  Click here to enter text.

### 1.3 Contact person

List the contact person responsible for the daily co-ordination of the project.

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Mobile** | Click here to enter text. |
| **Email** | Click here to enter text. |

### 1.4 Sponsoring organisation

If your organisation is incorporated, please skip this question.

If your organisation is **not** incorporated, the grant must be applied for by a not-for-profit incorporated organisation or a local government. The sponsoring organisation will be responsible for accepting and adhering to the conditions of the grant, maintaining financial records and providing acquittal information, should this application be successful.

The sponsoring organisation’s legally authorised officer must sign the declaration in Section Five and the taxation and bank details in Section Six.

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal name of incorporated sponsoring organisation:** | Click here to enter text. | | |
| **Trading name  (if applicable):** | Click here to enter text. | | |
| **Contact person:** | Click here to enter text. | | |
| **Postal address:** | Click here to enter text. | | |
| **Suburb:** | Click here to enter text. | **Postcode**: | Enter text. |
| **Telephone:** | Click here to enter text. | | |
| **Email:** | Click here to enter text. | | |

## Section Two – Project Details

### 2.1 Project Name: Click here to enter text.

### 2.2 Please tick the box that best describes the type of event/activity you will hold.

* Workshop, seminar or speaker
* Expo
* Morning or afternoon tea
* Community event or activity
* Recreational activity
* Other, please describe

Click here to enter text.

### 2.3 Describe how your event or activity will acknowledge World Elder Abuse Awareness Day, raise awareness of elder abuse and promote support available to older people. Maximum 100 words.

Click here to enter text.

### 2.4 Timeline of your project.

Event date and time: Click here to enter text.

Event address/location(s): Click here to enter text.

**Please note**: All events must be held between 11 June and 17 June 2023.

### 2.5 What region will your project held in?

* Gascoyne
* Goldfields/Esperance
* Great Southern
* Kimberley
* Mid-West
* Peel
* Pilbara
* Southwest Wheatbelt

### 2.6 Community partnerships

What other groups, organisations or local governments are involved in planning and implementing the event or activity. Please list ALL the organisations involved, including contact details and their contribution.

Remember, applicants are encouraged to partner with other organisations within their local community to collaboratively host an event or activity.

|  |  |  |
| --- | --- | --- |
| **Organisation Name** | **Contact Person/Phone** | **How is this organisation involved?** |
| e.g. XYZ Council | John Smith, 0455 555 555 | On planning committee, providing free venue hire |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

### 2.7 Organisations and individuals invited

Please list the organisations or groups who will be invited to attend the event or activity. This may include senior citizens clubs, sporting groups, school groups for intergenerational activities, service providers, health care providers.

Click here to enter text.

What steps will be taken to identify and include seniors in the project who may be socially isolated, from Aboriginal or culturally and linguistically diverse (CaLD) backgrounds?

Click here to enter text

**Note:** Successful applicants will be provided with a pack of downloadable materials (e.g: posters, social media content) to assist with the promotion of their WEAAD initiative.

**2.8 Number of people expected**

Please indicate the number of people expected to attend the event or activity.

Click here to enter text.

## Section Three – Project Budget

It is important to show how the grant would be expended and any cash and in-kind contributions, from the applicant or project partners, expected to support the project.

Use the table below to show where the project income is coming from and how it will be spent. The requested WEAAD Regional Grants Program amount of up to $3,000 should be detailed separately, at column 2. If funds will be obtained from other sources to support the project, it is important to show evidence of where the money is coming from, at column 5.

**Do not include GST in your costings.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(1)**  **Budget Items** (i.e. what the money will be spent on | **(2)**  **This Grant Amount** ($) (excl. GST) | **(3)**  **Other Funding Amount** ($) (excl. GST) | **(4)**  **In-Kind Support** Please estimate the dollar value of the in-kind support ($) | **(5)**  **Source of Other Funding or In-kind Support** Please state if confirmed or unconfirmed |
| For example: Catering | $500.00 | $2000.00 | $500 | Shire of XYZ Confirmed |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| **TOTAL** | **$** Enter text. | **$** Enter text. | **$** Enter text. | **Total:** Enter text. |

## Section Four – Grant Conditions

Grants provided through the WEAAD Regional Grants Program 2023 are subject to the following terms and conditions:

1. The grant is to be used solely for the specified purpose approved by the COTA WA during the funding period.
2. Written approval must be sought from COTA WA for any request to vary the approved purpose of the grant or seek an extension to the funding period.
3. Any part of the grant that is not used in accordance with Condition 1 must be repaid to COTA WA unless prior written approval is obtained.
4. Should the activities for which the grant was approved cease or should the grant agreement be terminated due to a breach of the any of these Conditions, then:
   1. the balance of the grant, unspent in accordance with the approved purpose of the grant, must be repaid to COTA WA within ten business days, and
   2. any property acquired with the grant must be transferred to another not-for-profit organisation with similar objectives and purposes to the recipient organisation, upon approval by COTA WA.
5. Providing a grant does not entitle a recipient organisation to be provided any further funding than that specified in the grant agreement.
6. COTA WA will not be held responsible for the success of the approved purpose for which the grant is provided or for any losses or additional costs incurred that are associated with the approved purpose.
7. Any documents or information relating to the grant, or the approved purpose must be provided to COTA WA within ten business days of the request.
8. All payment conditions and reporting requirements must be met, as specified by COTA WA.
9. All Local, State and Commonwealth laws applicable to the approved purpose must be abided by and complied with at all times.
10. Any project that involves working with children must ensure that the recipient organisation and all employees and volunteers comply with the *Working with Children (Criminal Record Checking) Act 2004*. Please refer to the Working with Children Check website for further information [www.workingwithchildren.wa.gov.au](http://www.workingwithchildren.wa.gov.au/).
11. COTA WA is not liable for any accident or negligence resulting in any claim or damage arising from activities undertaken as part of the grant.
12. Recipient organisations are required to be appropriately incorporated and be responsible for ownership of the appropriate insurance policies. This includes, but is not limited to, Public Liability, Volunteer Insurance, Workers’ Compensation, and Professional Indemnity.
13. An acknowledgement of funding assistance provided by the Department of Communities must be included in any advertising and on any material relating to the project by using the words ‘Supported by the Department of Communities and Council on the Ageing WA’.
14. Successful applicants will be required to provide an acquittal report on the activities undertaken, participants and partners, lessons learned and outcomes achieved by **Friday, 28 July 2023.**  An acquittal reporting template will be provided.

## Section Five - Declaration

On behalf of the applicant organisation, I declare that:

* I am currently authorised to legally enter into contracts on behalf of the organisation, according to its constitution or as bound by law.
* All the information provided in this application, including any attachments, is true and correct.
* The taxation and banking details entered in this application are true and correct.
* The organisation is financially viable and able to meet all accountability requirements.
* I give permission to the COTA WA, when applicable, to contact any persons or organisation in the processing of this application and I understand that information may be provided to other agencies, where appropriate.
* If a grant is provided:
  + I am aware the Grant Conditions outlined in this document will apply to ensure a project is appropriately completed and accountability requirements are met.
  + I agree to ensure that appropriate insurances are in place (including but not limited to worker’s compensation, volunteers, professional indemnity, public liability, motor vehicle, etc.).
  + I agree to undertake the project as stated and provide the required qualitative and financial reports to demonstrate that the grant was expended in accordance with the agreement.
  + I agree to name the event ‘World Elder Abuse Awareness Day’ and host it   
    during the week of 11 – 17 June 2023.

|  |  |
| --- | --- |
| Name of the organisation | Click here to enter text. |
| Legally authorised officer name | Click here to enter text. |
| Legally authorised officer position | Click here to enter text. |
| Legally authorised officer telephone | Click here to enter text. |
| Legally authorised officer email | Click here to enter text. |
| Legally authorised officer signature |  |
| Witness name | Click here to enter text. |
| Witness signature |  |
| Date | Click here to enter text. |

## Section Six – Taxation and bank details of the organisation managing the grant funds

**Taxation details**

|  |  |
| --- | --- |
| ABN | Click here to enter text. |
| Is your organisation registered for GST? | Yes  No |

**Bank account details**

|  |  |
| --- | --- |
| Bank name | Click here to enter text. |
| Bank branch (suburb) | Click here to enter text. |
| Name of bank account (e.g. Youth Group Inc.) | Click here to enter text. |
| BSB number (must be 6 digits) | Click here to enter text. |
| Bank account number (up to 9 digits) | Click here to enter text. |

**I confirm that the above taxation and banking details are true and correct.**

Signature: Date:

## Application Checklist

Before applying, ensure the following have been completed and checked:

|  |  |
| --- | --- |
| **Checklist item** | **Complete** |
| The Guidelines and Grant Conditions have been read and understood by the authorised signatory or delegate of the administering organisation, and any other relevant parties. |  |
| Partnerships with other volunteer involving organisations have been listed as per Section 2.6 |  |
| All questions in the application form are complete. |  |
| The application has addressed all selection criteria specified in the program Guidelines. |  |
| The taxation and banking details of the administering organisation have been entered and are correct. |  |
| The declaration has been signed by the authorised signatory or delegate of the administering organisation. |  |
| All attachments have been included in the application (i.e. project plan, letters of support, etc.), where applicable. |  |

## Applications close

Applications close at **4.00pm on Tuesday 28 March 2023** and will be accepted by email at: [dana@cotawa.org.au](mailto:dana@cotawa.org.au)

**Applications received after the closing date will not be accepted.**

All applications will be acknowledged via email within two business days of receipt. Contact COTA WA to confirm receipt if no acknowledgement is received by this time.