



Grassroots Funding Application Form 2025

GRASSROOTS APPLICATION FORM

Organisation Details			
Name of Organisation:			
Sole Trader Name:			
ABN:		Registered for GST?	Yes/No
Contact Person:			
Position Title:			
E-mail Address:			
Phone Number:		Fax Number:	
Address:	Street Name and Number:		
	Postal Address:		
	Suburb:		
	Post Code:		

Eligibility: Does your organisation/sole trader meet the above eligibility requirements? Yes No

Policies & Insurance: select what is applicable and complete the information

INSURANCE POLICIES		Name of Insurer	Level of Cover \$	Expiry Date
Public Liability	<input type="checkbox"/>			
Professional Indemnity	<input type="checkbox"/>			
Workers Compensation	<input type="checkbox"/>			

(Please note applicants can provide evidence of annual public liability insurance for short term contracts up to 12 months)

Policies & Procedures			
Child and Youth Safe (see Appendix B)	<input type="checkbox"/>	Privacy and Confidentiality	<input type="checkbox"/>
Working with Children Check	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>
Complaints	<input type="checkbox"/>	WHS	<input type="checkbox"/>

(Not having these policies does not mean you would be unsuccessful. You may be advised to develop or find the relevant documents with a timeline identified by Facilitating Partner).

Please select what describes your business registration:

<input type="checkbox"/> Incorporated Associations	<input type="checkbox"/> Incorporated Cooperatives
<input type="checkbox"/> Companies (incorporated under the Corporations Act 2001	<input type="checkbox"/> Aboriginal Corporations (incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006)
<input type="checkbox"/> Organisations established through a specific piece of Commonwealth or state/territory legislation (public benevolent institutions, churches, universities, unions etc.)	<input type="checkbox"/> Trustees on behalf of a Trust
<input type="checkbox"/> Not-for-profit entity	<input type="checkbox"/> For-profit entity types specified above may be invited in special circumstances.
<input type="checkbox"/> Sole Trader	

Please select what describes your program (you can select more than one item):

- Use early intervention and prevention approaches?
- Use evidence-based approaches that will lead to improved outcomes for children and families?
- Actively develop strategies to encourage access and engagement by vulnerable & at-risk children and families?
- Have the necessary skills to identify vulnerable and at-risk children and families and provide or refer them to appropriate services?
- Demonstrate cultural competency?
- Have appropriately qualified staff and is committed to staff supervision, development, and training?
- Have the capacity to meet contractual requirements?

The Activity

Program Name	
Program Duration: start & end date	
Service Location	<i>Provide: Suburb, Postcode, Local Government Area</i>
Activity Location	<i>Provide location information (suburb and physical address) for the outlet(s) for this service(s).</i>
Needs statement	<i>Briefly describe the need(s), target cohorts and reasons why your service could assist. You should also consider and outline the local circumstances and data that demonstrate the need in the service location(s).</i>
Output(s)	<i>Describe what you will deliver to achieve outcomes. Include as applicable, client numbers, session frequency, duration etc.</i>
Outcome(s)	<i>Describe the intended result(s) of the output. What is the change you are trying to achieve for the client? E.G. improved parenting skills. Refer to Guide to using the Families and Children Activity outcomes framework (dss.gov.au) Families and Children Activities Outcomes Framework with Suggested Indicators.</i>

Please Select the aims and outcomes you will targeting in your project:

<input type="checkbox"/> Aim 1: Children and young people thrive Outcomes: <input type="checkbox"/> Positive mental health and wellbeing <input type="checkbox"/> Increased resilience <input type="checkbox"/> Positive relationships <input type="checkbox"/> Safe at home and in the community <input type="checkbox"/> Strong connections to social supports and community <input type="checkbox"/> Strong connection to culture <input type="checkbox"/> Greater participation in decision making <input type="checkbox"/> Positive development <input type="checkbox"/> Positive engagement in education and training	Aim 2: Adults are empowered Outcomes: <input type="checkbox"/> Positive mental health and wellbeing <input checked="" type="checkbox"/> Increased resilience <input type="checkbox"/> Positive relationships <input type="checkbox"/> Safe at home and in the community <input type="checkbox"/> Strong connections to social supports and community <input type="checkbox"/> Strong connection to culture <input type="checkbox"/> Greater participation in decision making <input type="checkbox"/> Sense of self-efficacy and confidence
<input type="checkbox"/> Aim 3: Family relationships flourish Outcomes: <input type="checkbox"/> Positive parenting/caregiver practice <input type="checkbox"/> Positive caregiver–child relationship <input type="checkbox"/> Respectful relationships <input type="checkbox"/> Family cohesion <input type="checkbox"/> Effective conflict management	<input type="checkbox"/> Aim 4: Communities are cohesive. Outcomes: <input type="checkbox"/> Communities are safe <input type="checkbox"/> Communities are inclusive <input type="checkbox"/> Communities understand issues facing children, young people, and families <input type="checkbox"/> All community members are able to participate in decision making <input type="checkbox"/> Services are accessible and appropriate <input type="checkbox"/> Services are safe and inclusive <input type="checkbox"/> Services work together to support families
Timeframes	<i>When do you anticipate your outcomes would be identifiable/achieved? E.G. parenting skills to improve after 6 sessions.</i>
Measure(s) of success	<i>Identify and quantify indicators for whether outcomes to be achieved. How will you measure, what measuring tool you use?</i>

Service delivery targets and barriers to participation

Service delivery targets - Please note you can create new rows in the table below if needed.

Target	Description
<i>What targets (total client number) for individual clients will your service have in place during this Activity?</i>	<i>Describe how you know that these targets are appropriate for your service and community.</i>
<i>What targets (total client number) for Aboriginal and Torres Strait Islander clients will your service have in place during the activity?</i>	<i>Describe how you know that these targets are appropriate for your service and community. How will you assess whether there are client groups not accessing your services due to barriers they face?</i>
<i>What targets (total client number) for clients living with disability will your service have in place during this this activity?</i>	<i>Describe how you know that these targets are appropriate for your service and community. How will you assess whether there are client groups not accessing your services due to barriers they face?</i>
<i>What targets (total client number) for clients from culturally and linguistically diverse (CALD) backgrounds will your service have in place during this activity?</i>	<i>Describe how you know that these targets are appropriate for your service and community. How will you assess whether there are client groups not accessing your services due to barriers they face?</i>
<i>(Optional) What other targets (total client number) relevant to your service or community will your service have in place during this activity?</i>	<i>Describe how you know that these targets are appropriate for your service and community. How will you assess whether there are client groups not accessing your services due to barriers they face?</i>

Barriers to service participation

We are interested in how services are ensuring clients are accessing and participating in programs. Please provide **at least one example** below of how you are addressing client access barriers. In completing this section, you may wish to consider previous Families and Children [‘Access Strategy’](#) requirements.

Participation barrier	<i>Identify a barrier that is/could be impacting on clients participating in your service. How did you identify this barrier? Is this barrier stopping clients coming to the service completely, or impacting on their return to services?</i>
Clients/Client group	<i>Identify a potential group of clients that are/could be facing this barrier to fully participating in your service.</i>
Deliverable	<i>What are you going to do to address this participation barrier? How could it be overcome or reduced?</i>
Outcome	<i>What outcomes do you expect to achieve as a result of the actions you will take?</i>
Measure of success	<i>What would success look like? How will you measure if your actions have had an impact? How will you quantify success?</i>

Evidence base - Please note you can create new rows in the table below if needed

Evidence source	Use of evidence in service delivery
<p><i>Summarise the evidence that informs your service(s). Evidence in this context means:</i></p> <ul style="list-style-type: none"> <i>Effective interventions, strategies, and practices (e.g., parent coaching) that are known to contribute to the desired service outcomes</i> <i>Established benefits of the service type you offer (e.g., counselling, parenting programs)</i> <i>Effective ways of working with the target group(s)</i> <i>Practice or theoretical models that guide how you work with clients (e.g., public health approach)</i> <p><i>Sources of evidence include published research articles, evaluation findings, practice guidelines and grey literature.</i></p> <p><i>Please include references to the inclusion of culturally safe and sensitive practice and trauma informed practice.</i></p> <p><i>Include appropriate references in your summary.</i></p> <p><i>If there is no published research, acknowledge that and explain why you think the target group will benefit from attending the service. You can also explain how</i></p>	<p><i>Explain the links between the evidence summary and the key elements of your service such as:</i></p> <ul style="list-style-type: none"> <i>The outcomes you are trying to achieve through the service</i> <i>Core activities and practices delivered as part of the service</i> <i>Strategies used in the service to engage and support the target group/s</i> <p><i>For example, if the evidence says it is good practice to role model positive behaviours in parenting programs, explain how the program does this.</i></p>

Evidence source	Use of evidence in service delivery
<i>you will work towards incorporating evidence/research during this reporting period?</i>	

Risk management - Please note you can create new rows in the table below if needed.

Please note: if additional risks are identified by your organisation/self throughout the reporting period, or an identified risk is realised please immediately contact your Funding Arrangement Manager to discuss.

Risk	How the risk will be managed
<i>Please list the identified or foreseeable risks to service delivery that your organisation may experience.</i>	<i>What actions will your organisation take to address these risks?</i>

Stakeholder engagement and referral pathways

Service promotion

In line with the 'service promotion' section in your funding agreement (Item B), has your organisation listed your services on an online directory?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list the online directories your services are listed on (including name and website).	<i>online directory - (www.website.com)</i>

Stakeholders

Please note you can create new rows in the table below if needed.

Stakeholder	Benefit of stakeholder relationship
<i>Please provide details of any relevant stakeholders that you work with. This should include referral pathways with other organisations.</i> <i>Please include partnerships and stakeholder arrangements with Aboriginal and Torres Strait Islander organisations/peak bodies.</i>	<i>What benefits does this partnership or engagement have on your service, or on other services in your community?</i>

Budget: **PROPOSED FUNDED EXPENSES**

Expense Type	Amount \$
Salaries (Including on Costs), program execution and administration support staff	
Program Resources	
Operational expense (Insurance, Rent, Stationery, printing, Post, Telephone, IT, Utilities etc.)	
Catering	
Transport	
Program Training	
Evaluation	
Marketing & Promotion	

PROPOSED IN KIND CONTRIBUTION (IF APPLICABLE)

Expense Type	Amount \$
Salaries (Including on Costs), program execution and administration support staff	
Program Resources	
Operational expense (Insurance, Rent, Stationery, printing, Post, Telephone, IT, Utilities etc.)	
Catering	
Transport	
Program Training	
Evaluation	
Marketing & Promotion	

Feedback / Additional information (This section is optional)

In this section, you may include information on any aspect of service delivery not already captured in the previous AWP (Activity Work Plan) sections.

You may wish to highlight a particular 'good news story' or case study (de-identified) related to your service(s), outline observed client trends in your service delivery area, provide context to accompany your Data Exchange reporting, report on community consultations, etc.

You may also wish to provide the department with feedback on how this AWP template could be improved to better capture the activities your organisation undertakes, and the outcomes you are achieving.

You may attach documents to this AWP report; however, attachments cannot replace your written responses in this AWP or AWP report.

Applicant Declaration

Declaration by organisation's representative authorised to sign.

The information in this EOI is true and correct to the best of my knowledge.

This organisation or sole trader meets the eligibility criteria and has the experience and capacity to undertake this Program / Activity.

There is no known conflict of interest that would arise in conducting this program / activity

Name:

Position:

Note:

- The act of inviting applications does not commit Mission Australia to the provision of funding to any prospective service provider
- All documents will be treated with confidence

Checklist for Submitting Application

Completed EOI application

A copy of your organisations latest Annual Report if possible

A copy of your organisation's latest Audited Financial Statement
Optional sole trader Tax return evidence

A copy of your Certificate of Currency for Public Liability Insurance