**Application Form**

**Collaborative Workforce Grant**

*Please complete all sections of this application form:*

1 – Applicant’s Details

2 – Project Details

3 – How the proposal addresses the assessment criteria

4 – Timeline and budget

5 – Declaration and submission

**Section 1 - Applicant’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you in WorkUP Queensland’s target group\*?** Choose an item. **Which group?** Choose an item. | | | |
| **Are you receiving funding from another source for this project?** | | **Y** | **N** |
|  | | | |
| **Legal Name of Lead Organisation:** |  | | |
| **Trading Name:** |  | | |
| **ABN:** |  | | |
| **Address:** |  | | |
| **Telephone No:** |  | | |
| **Email address:** |  | | |
| **Principal contact:** |  | | |
| **Position:** |  | | |
| **Email address:** |  | | |
| **Secondary contact:** |  | | |
| **Position:** |  | | |
| **Email address:** |  | | |

\* Services funded by the Queensland Government to deliver Domestic and Family Violence, Sexual Assault & Women’s Health and Wellbeing services

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurance:** | Public Liability: minimum $10 million | **Y** | **N** |
| Professional Indemnity: minimum $2 million | **Y** | **N** |

**Section 2 - Project Details**

**Project Title**

Please provide a title for your project (this will be used on information shared publicly.)

|  |
| --- |
|  |

**About the applicant organisation**

Please provide brief details of the lead organisation making the application e.g. vision and values; number of years operating; size of organisation; cultural safety practices, confirmation the entity is registered for GST and holds an Australian Financial Institute bank account.

|  |
| --- |
|  |

Please provide brief details of the organisation/s the lead organisation is collaborating with to fulfil the grant objectives.

*Please note if only* ***two*** *collaborating organisations, both organisations must be within the target group. If more than two organisations the majority must come from within the target group.*

|  |
| --- |
| 1. [Collaborating Organisation name] Choose an item. |
| 1. [Collaborating Organisation name] Choose an item. |
| 1. [Collaborating Organisation name] Choose an item. |

**About the Project (max 250 words)**

Please describe the activity and how the workforce will benefit?

|  |
| --- |
|  |

**Why do you want to undertake this project (max 250 words)?**

|  |
| --- |
|  |

**Risk assessment**

Please indicate risk assessment review of the project, including consideration for COVID19 factors.

| Risk/constraint | Mitigation |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 3 - How the project addresses the assessment criteria**

**Which WorkUP Queensland priority does the project align with most and how? (max 250 words)**

* **Grow the Workforce**
* **Retain the Workforce**
* **Develop the Workforce**
* **Support the Workforce**
* **Connect the Workforce**
* **Sustain Services**

|  |
| --- |
|  |

**What are the anticipated outcomes of your project? (max 250 words)**

|  |
| --- |
|  |

**Section 4 - Visibility and budget**

## Planning

Please indicate your forecast activity schedule, by listing activities and the anticipated month of activity (starting July 21.)

*Add rows if required.*

|  |  | MONTH | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | Who | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Budget**

Please indicate anticipated costs for project.

*Add rows if required*.

| **Description of cost** | **Amount $** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total amount sought from WorkUP Queensland** | **$** |

**Section 5 - Declaration and authorisation**

|  |  |
| --- | --- |
| By applying, the applicant:     * warrants to WorkUP Queensland that:   + the information contained in this application is accurate and complete as at the date on which it is submitted and not by omission misleading, and may be relied on by WorkUP Queensland in determining whether or not to select the applicant for the Grant Program;      * + the proposed project complies with WorkUP Queensland’s objectives;      * is taken to have accepted the guidelines and these terms and conditions. | |
| Name of Authorised Person | Position |
| Signature | Date signed |