2024-25 Change Our Game Community Activation Grants Program

Application Questions and Guidance Document

Stream 1: Participation and Stream 2: Capability

This document will assist you to prepare the information required to apply for funding.

Outlined in this document are:

* tips to submit your application online through the DJSIR Grants Portal
* the questions you will be asked on the application form; and
* the details you will need to provide in the application form

Applicants must submit a completed application online via the DJSIR Grants Portal **before 5pm on Wednesday 26 February 2025**. Please do not submit this document as your application.

**Contents**

[Starting an application 2](#_Toc189034846)

[SECTION 2: ELIGIBILITY 3](#_Toc189034847)

[SECTION 3: SERVICES TO CHILDREN 4](#_Toc189034848)

[SECTION 4: NATIONAL REDRESS SCHEME 5](#_Toc189034849)

[SECTION 5: APPLICANT ORGANISATION DETAILS 6](#_Toc189034850)

[SECTION 6: AUTHORISED REPRESENTATIVE 8](#_Toc189034851)

[SECTION 7: ACTIVITY DETAILS 8](#_Toc189034852)

[Choosing the Right Funding Level 8](#_Toc189034853)

[SECTION 8: ASSESSMENT CRITERIA 10](#_Toc189034854)

[SECTION 9: FUNDING LEVELS 13](#_Toc189034855)

[SECTION 10: BUDGET 14](#_Toc189034856)

[SECTION 11: BANK ACCOUNT DETAILS 14](#_Toc189034857)

[SECTION 12: SUPPORTING DOCUMENTS 15](#_Toc189034858)

[SECTION 13: CONDITIONS OF GRANT 16](#_Toc189034859)

[SECTION 14: DECLARATION AND ACKNOWLEDGEMENT 16](#_Toc189034860)

[Troubleshooting and Tips for Completing Your Application 18](#_Toc189034861)

[Appendix 1: Community Activation Grants Program – Acquittal Report Questions 19](#_Toc189034862)

|  |  |
| --- | --- |
| Starting an application To start an application, visit the [Change Our Game Community Activation Grants Program webpage](https://changeourgame.vic.gov.au/programs/community-activation-grants)  Find the **Apply Now** section, then select the link relating to the Stream you wish to apply for. |  |
| **User Registration and Log In**  You will need to log in to the DJSIR Grants Portal   * If you’re already a registered user, you’ll be directed to enter your username and password * If you’ve forgotten your password, you can click on the Forgot Password link on the Log In page * If you’re not a registered user, you’ll need to select the Create an Account link |  |
| **Save as Draft**  *We strongly encourage you to save your application regularly and draft responses in a separate document to prevent information loss, especially in case of technical issues.*  Click **Save as Draft** before closing your web browser.  Once you’ve saved your draft application, you will receive a confirmation email with a link to your draft application and a unique Grant Application (GA) number.  To return to your draft application, click on the link in the email, or log back in to your DJSIR Grants Portal account: <https://businessvic.secure.force.com/GrantsPortalLogin>. |  |
| **Submit your application**  Make sure you have provided all information and attachments required.  **To finish your application, click Save and Preview followed by Save and Submit before 5pm on Wednesday 26 February 2025.**  Once you’ve saved and submitted your application, you will receive a confirmation email.  For your reference, keep the email, GA-number and save a PDF copy of your application. |  |

|  |  |
| --- | --- |
| SECTION 2: ELIGIBILITY In this section, applicants will answer questions about the eligibility of the organisation to apply for funding through this program. Only applicant organisations who meet eligibility requirements will be able to progress and submit their application.  Please read the [2024-25 Change Our Game Community Activation Grants Program Guidelines](https://changeourgame.vic.gov.au/programs/community-activation-grants/2024-25-Change-Our-Game-Community-Activation-Grants-Program-Guidelines.pdf) to check your organisation’s eligibility. | |
| **Question** | **Your answer** |
| **1. I have read Section 2.1 – Eligible Applicants in the Change Our Game Community Activation Grants Program Guidelines and confirm my organisation is eligible to apply for this program.** | Tick Yes or No.  Head to the [2024-25 Change Our Game Community Activation Grants Program](https://changeourgame.vic.gov.au/programs/community-activation-grants) website to access a copy of the guidelines. |
| **2. My organisation holds an active Australian Business Number (ABN)** | Tick Yes or No.  If unsure, search for your club/organisations legal name via the ABR website: <https://abr.business.gov.au/> |
| I will upload my Statement by Supplier form in Section 12 - Supporting Documents area | If your club/organisation **does not** have an ABN you will need to download, complete and submit a Statement by Supplier form in Section 12 Supporting Documents of your application to remain eligible.  Download the form here: <https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn>  **How to fill in the ATO Statement by Supplier form:**  **Section A**: Supplier details - provide your club/organisation’s name and address.  Common responses to why the club/organisation doesn’t have an ABN:   * + - The supply is made by an individual or partnership without a reasonable expectation of profit or gain.     - The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.   **Section B**: Declaration - provide an authorised person’s name, signature and date. |
| **3. My organisation is a non-state or federal government, not-for-profit incorporated body. It is registered as either:**  - an incorporated association; or  - a public company limited by guarantee. | Tick Yes or No.  If "No" is selected, the application cannot proceed. |
| **4. If applicable, my organisation/affiliated sport and recreation governing body, has achieved a minimum of 40 per cent women on their board or has an Office for Women in Sport and Recreation approved action plan to meet this requirement?** | This eligibility question is only relevant to recognised Victorian State Sporting Associations, State Sport and Active Recreation bodies and National Sporting Organisations without a recognised Victorian state body, as well as affiliated community associations leagues or clubs.  For more information visit [Change Our Game - Balance the Board Policy](https://changeourgame.vic.gov.au/initiatives/balance-the-board-policy).  Tick Yes, No, or N/A if the policy does not apply to your club/organisation. |
| **5. If applicable, my organisation has completed reporting requirements (e.g. submitted grant acquittals) for previous Change Our Game grants** | This eligibility question is only relevant to clubs/organisations that have been awarded a grant through a Change Our Game program before.  Tick Yes if your club/organisation has completed reporting requirements (submitted acquittal documentation) for Change Our Game grants.  Tick No, if your club/organisation has received a Change Our Game grant(s) previously but **has not completed** reporting requirements (submitted acquittal documentation) for the grant(s). For support, please contact [ChangeOurGame@sport.vic.gov.au](mailto:ChangeOurGame@sport.vic.gov.au) if required.  Tick N/A if your club/organisation has not previously had reporting requirements for Change Our Game grants. |
| **6. My organisation received a grant in the 2023-24 Change Our Game Community Activation Grants Program** | Tick Yes or No.  If your club/organisation was successful in receiving a grant for the 2023-24 program, you are not eligible to apply in this round. |
| **7. My organisation is compliant with the Child Safe Standards (See section 2.5 of the program guidelines for further details).** | Tick Yes or No.  Refer to section 2.5, Child Safety Requirements, in the program guidelines for more details.  Further information about Child Safe Standards can also be found at the [Commission for Young Children and Young People](https://ccyp.vic.gov.au/child-safe-standards/) website. |

|  |  |
| --- | --- |
| SECTION 3: SERVICES TO CHILDREN This section asks applicants to provide information about the required insurance if their grant application involves activities delivering services to children.  Refer to section 2.5, Child Safety Requirements, in the program guidelines for more details and to determine if your application includes services for children. | |
| **Question** | **Your answer** |
| **Will the funding be used to deliver ‘services to children’ under the age of 18?** | Tick Yes or No.  See section 2.5 Child safety requirements of the program guidelines to determine if your application includes services for children.  If you select No, you will move to the next section. |
| **Does your organisation hold appropriate child abuse insurance?**  **For example, your organisation has a child abuse insurance policy or, if your organisation is affiliated with a State Sporting Association or National Sporting Association, the State/National Sporting Association's child abuse insurance policy specifically covers your organisation against child abuse.** | Tick Yes if your club/organisation has a child abuse insurance policy or, if your organisation is affiliated with a State Sporting Association or National Sporting Association, the State/National Sporting Association's child abuse insurance policy specifically covers your organisation against child abuse.  Tick No if neither of these apply to your club/organisation.  Tick N/A if your grant activity will not include services to children. |
| **If your organisation does not hold appropriate child abuse insurance, will a parent, guardian or caregiver have direct supervision of a participating child for the entire course of the activity or event?**  ***\*Note: If so, your organisation will not be required to hold child abuse insurance.*** | Tick Yes if you selected No to the question above and you can confirm a parent, guardian or caregiver will have direct supervision of a participating child.  Tick No if you selected No to the question above however cannot confirm a parent, guardian or caregiver will supervise a child across the entire activity or event.  See section 2.5 Child safety requirements in the Program Guidelines for further information.  If you selected Yes to the question above, tick N/A here. |
| **If your organisation does not hold child abuse insurance, please choose an option below to explain why:**   * **Child abuse insurance is not affordable for the organisation. If so, please provide details in the box below:** * **Child abuse insurance is not obtainable for another reason. Please explain in the box below:** | Tick the option that most accurately describes your club/organisation. Then, please provide additional details in the text box provided. |

|  |  |
| --- | --- |
| SECTION 4: NATIONAL REDRESS SCHEME This section asks applicants to disclose whether their organisation was named in the Royal Commission into Institutional Responses to Child Sexual Abuse, or has been notified of being named in an application for redress under the National Redress Scheme.  Refer to section 2.5, Child Safety Requirements, in the program guidelines for more details. | |
| **Question** | **Your answer** |
| **Has your club/organisation been named in an application or received a Notice of Redress Liability?** | Tick Yes or No.  If you select Yes, proceed to provide the relevant details in the following fields. |
| **Date your club/organisation was named in an application or Notice of Redress Liability"** | Enter the date in the format DD/MM/YYYY. If applicable, provide the specific date your club/organisation was named. |
| **Has your club/organisation joined the scheme?** | Tick Yes or No.  If you select No, explain the reason in the next field. |
| **Date your club/organisation joined the Scheme:** | If applicable, provide the date your club/organisation joined the Scheme in the format DD/MM/YYYY. |
| **Why has your club/organisation not joined the scheme?** | Provide a brief explanation in the text box below, if applicable. |
| **Does your club/organisation intend to join the Scheme?** | Tick Yes or No.  If you select Yes, please provide the intended date in the following field.  If the club/organisation does not intend to join the scheme, the application cannot proceed. |
| **Date by which your club/organisation intends to join the Scheme:** | If you intend to join the Scheme, provide the intended date in the format DD/MM/YYYY. |

|  |  |
| --- | --- |
| SECTION 5: APPLICANT ORGANISATION DETAILS This section requires applicants to provide key information about their organisation, including its legal name, contact details, and relevant registration or accreditation details. | |
| **Question** | **Your answer** |
| **Name of Applicant Organisation:** | Provide the full legal name of your organisation as registered. |
| **Type of Organisation:** | Select the option that best describes your organisation from the list below:  1. Community sport and recreation club, association or organisation  2. Regional sports assembly  3. Local government authority  4. State sporting association, state sporting organisation, or peak body recognised by Sport and Recreation Victoria  5. National sporting organisation recognised by the Australian Sports Commission (if no state body exists)  6. Aboriginal Community Controlled Organisation (ACCO) and incorporated Aboriginal association |
| **Incorporation Registration Number or Australian Company Number:** | Enter the 9-digit Incorporation Registration Number (for incorporated associations), 4-digit number for Indigenous Corporations or the 9-digit Australian Company Number (for companies).  You can check these numbers on these sites:   * [Incorporated Associations Register](https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/search-for-an-incorporated-association) * [Aboriginal and Torres Strait Islander Corporations Register](https://www.oric.gov.au/) * [ASIC Register](https://connectonline.asic.gov.au/RegistrySearch/faces/landing/SearchRegisters.jspx) |
| **Australian Business Number (ABN):**  **Check the ABN at ABN Lookup** | Enter your ABN number.  If you don’t have an ABN, please upload a Statement by Supplier as a supporting document to your application.  You can check your ABN on the [ABN Lookup](https://abr.business.gov.au/).  **Entity Name:**   * Enter the full legal name of your organisation as it appears on your official records.   **ABN Status:**   * This will automatically be filled based on your ABN information.   **Entity Type:**   * This will automatically be filled based on your ABN information.   **Is your organisation registered for GST?**   * Select "Yes" if your organisation is registered for Goods and Services Tax (GST), or "No" if it is not.   **GST Registered Date:**   * This will automatically be filled based on your ABN information. |
| **Organisation Registered Address** | Enter the full address where your club/organisation is legally registered. *Required fields: Country, Street Address, Town/Suburb, State, Postcode* |
| **Postal address same as address above?**  **Organisation Postal Address** | Select "Yes" if your postal address is the same as the registered address. If not, select "No" and enter your postal address below.  **Organisation Postal Address:**  Enter the address where you receive mail if it differs from the registered address. *Required fields: Country, Street Address, Town/Suburb, State, Postcode* |
| **Organisation LGA** | Select the correct LGA from the dropdown menu. |

|  |  |
| --- | --- |
| SECTION 6: AUTHORISED REPRESENTATIVE This section requires applicants to provide information about the applications Authorised Representative.  The Authorised Representative must be appointed by your club/organisation to:   * submit this application; and * acknowledge the Email of Acceptance (if the application is successful) and be contacted by the Office for Women in Sport and Recreation regarding the outcome of the application. | |
| **Question** | **Your answer** |
| **Title:** | Select your title from the dropdown menu.  Please enter None or N/A in the text box available below if not applicable. |
| **First Name:**  **Last Name:** | Enter your first name in the text box.  Enter your last name in the text box. |
| **Position with the organisation:** | Enter your current position or role within the club/organisation in the text box. |
| **Telephone:**  **Mobile:** | Enter your **telephone** number, including the country code (+61), followed by your phone number. Please do not use spaces, special characters, or leading zeroes.  Enter your **mobile phone** number, including the country code (+61), followed by your phone number. Please do not use spaces, special characters, or leading zeroes. |
| **Email:** | Enter your email address in the text box. |
| Please consider using a shared inbox as your club/organisation’s contact email to ensure ongoing communication in case of any personnel changes.  The Office for Women in Sport and Recreation will communicate with applicants through this email address. Please ensure it is accurate and active. | |

|  |  |
| --- | --- |
| SECTION 7: ACTIVITY DETAILS This section requires applicants to provide details about the activity you plan to carry out with the grant. This information will help us understand the scope, beneficiaries, and impact of your proposed activity. | |
| Choosing the Right Funding Level Before outlining your activity details, it’s important you choose the right funding level for your activity. This will be required to complete Section 8 and Section 9 of the form.  To determine whether to apply for Funding Level 1 or Funding Level 2, consider the following:  **Funding Level 1 (Up to $5,000)**   * **Best for:** Smaller projects that align with the program’s goals but don’t require significant resources or deliver large-scale impact. * **Focus:** If your initiative meets the objectives of building, connecting, and sustaining the participation of women and girls in community sport and active recreation without needing extensive funding, this level is ideal. * **Typical Projects:** Most applications will fall under this level, as it supports the core outcomes of the program.   **Funding Level 2 (Up to $10,000)**   * **Best for:** Larger-scale projects that can demonstrate greater impact, broader reach, or longer-term benefits. * **Stream 1 – Participation:** Suitable for initiatives that:   + Engage significantly more women and girls (over 100 individuals).   + Focus on engaging women and girls from under-represented groups.   + Collaborate with more than 3 clubs or partner organisations.   + Run programs over a longer duration (lasting over 8 weeks). * **Stream 2 – Capability:** Appropriate for projects offering training and leadership opportunities benefiting more than 3 clubs or partner organisations. * **Achieving Multiple Outcomes:**   + Combine activities from Streams 1 and 2 to deliver multiple program outcomes (see Section 1.3 of the Program Guidelines).   + Clearly explain how activities across both streams work together.     - **Example**: A community sports club applies for funding to run a coaching course (Stream 2) that supports a multi-session program for women returning to sport (Stream 1).   + Align your application with the stream that reflects the majority of funding or activities.     - **Example**: If 80% of the funding is allocated to Stream 1 activities, apply under Stream 1. * **Eligibility:** Applications must include a detailed description of how the additional funding will achieve substantial or long-term outcomes compared to a typical project.   **When to Apply for Level 2**   * Your initiative exceeds standard project scope and has potential for wider reach, longer duration, or deeper impact (e.g., more participants, extended timelines, or innovative approaches). * You can clearly justify how the additional funding will enhance the project’s scale, outcomes, or sustainability.   **Summary**   * **Choose Level 1** if your project focuses on achieving the program’s core objectives without requiring substantial scale or complexity. * **Choose Level 2** if your initiative can deliver significant impact, reach, or duration beyond typical projects and aligns with the higher funding requirements. | |
| **Question** | **Your answer** |
| **Activity Name:** | Enter the title or name that best represents the activity you're applying for funding to support.  This section has a limit of 30 words. |
| **Activity Description:** | Provide a clear and concise description of the activity, including its goals, what it involves, and any key details that will help us understand its purpose.  This section has a limit of 50 words. |
| **Activity Start Date:**  **Activity Completion Date:** | Indicate when the activity will begin and when the activity is expected to be completed.  Provide the intended dates in the format DD/MM/YYYY.  Start dates for activities should not be earlier than May 2025, following announcement of successful applications for this round of the program. |
| **Is the address where most of the activity will take place the same as the organisation’s registered address?** | If the activity will take place at a location different from your organisation’s registered address, select No and provide the necessary details below.  *Required fields: Country, Street Address, Town/Suburb, State, Postcode,* *Organisation LGA* |
| **Which groups will the activity mainly benefit?** | Choose the demographic groups that will most benefit from the activity.  You can select multiple options based on the nature of the activity. |
| **What are the main sports benefiting from the activity?** | Please select between 1 and 3 sports that will be delivered as part of your activity. If it's more than this, please select 'all sports'.  Avoid selecting multiple sports, as this may cause issues with form submission. |

|  |  |
| --- | --- |
| SECTION 8: ASSESSMENT CRITERIA This section asks applicants to describe their proposed activity and how it aligns with the program’s goals and outcomes. It includes questions about the activity's scope, impact, and alignment with specific program outcomes, as well as details on benefits for under-represented groups and efforts to promote and elevate women and girls. | |
| **Question** | **Your answer** |
| **1. Please describe your activity in detail and clearly outline how it will be implemented**  **Stream 2: (in addition) please outline how the proposed activity will benefit the group of individuals**  If applying for funding level 2 (refer to Section 4.2 of the Program Guidelines for details), applicants must also provide a detailed description of how the activity can either:   1. Achieve greater impact by demonstrating one or more of the following:  * clearly engaging significantly more women and girls (more than 100 individuals) * focusing on engaging women and girls from under-represented groups * engaging across multiple clubs or partner organisations (more than 3) * achieving participation outcomes over a longer duration (more than 8 weeks) * learning and training opportunities that build capability and leadership across multiple clubs or partner organisations (more than 3).  1. Achieve multiple program outcomes through delivering multiple activities by:  * clearly outlining how the activities across Stream 1 (Participation) and Stream 2 (Capability) are connected to achieve multiple program outcomes. | **Objective:** State the purpose of the activity (e.g., increasing community participation in basketball through beginner training for children aged 8-12).  **Activity Details:** Describe the format, duration, and content (e.g., 10-week program with twice-weekly one-hour sessions).  **Target Audience:** Specify who the activity is for and its benefits (e.g., girls with disability with limited access to sports programs).  **Expected Outcomes:** Outline the intended results (e.g., engaging 50 participants, improving fitness and skills).  **Implementation Plan:** Briefly explain how it will be delivered (e.g., sessions led by qualified coaches, resources provided).  **Risk Management:** Identify any key risks associated with the delivery of the activity and outline strategies to address them (e.g., low participant turnout mitigated by targeted promotions, or safety concerns managed through comprehensive training and first aid support).   |  | | --- | | **If applying for Stream 2:** outline how the proposed activity will benefit the group of individuals.  Example: The education sessions focus on addressing racism and cultural discrimination and promote a safe social and cultural space, which will support the club committee members by building their awareness, improving their decision-making, and creating an inclusive environment for all club members. | | **If applying for funding level 2**, it is recommended that applicants address each of the points listed in their response. Ensure your description is clear and detailed, covering all relevant aspects of the activity as outlined in the question. | |
| **Stream 2 only:**  **How many people will participate in the activity?** | Provide the total number of people who will be involved in the activity. |
| **How many people/participants is the activity anticipated to benefit?** | Provide an estimate of how many people will be directly involved or benefit from the activity. |
| **Stream 2 only:**  **Please outline who in the club or organisation will participate in the activity? (e.g. club coaches, club committee, senior leadership)** | List the specific groups within the club or organisation who will take part in the activity.  Example: club coaches, club committee, senior leadership, Board of directors. |
| **2. Please select one or more of the following Program outcomes that your activity will support:**   * increased participation by women and girls in community sport and active recreation * enhanced understanding of gender equity practices within community sport and active recreation organisations * more women in leadership roles in community sport and active recreation * promotion and elevation of women and girls in sport and active recreation   **Please detail how the proposed activity supports one or more of the Program outcome(s) (selected above) and demonstrates value for money:** | Review the list of program outcomes and select all that apply.  In the text box, explain how your activity aligns with the selected outcome(s).   * Provide examples to demonstrate impact. * Highlight how your activity delivers value for money by achieving the program goals. |
| **3. Please detail how the activity will support the applicant club or organisation, including its commitment to gender equality and levelling the playing field for women and girls in sport and active recreation** | Describe how the activity aligns with your club/organisation’s values and long-term objectives.  Highlight specific ways the activity will support gender equality and create more opportunities for women and girls in sport and recreation.  Describe the positive changes or outcomes the activity will bring to the club/organisation.  Focus on how the activity will make a lasting impact, such as new skills, better programs, or stronger community involvement.   |  | | --- | | **If applying for Stream 2:** outline how the activity will benefit the applicant club or organisation.  Example: The mentor program will provide support for women seeking to become coaches within the club. This will benefit the club as new coaches will have support from more experienced mentor coaches, which aims to increase the number of women seeking to become coaches as well as continue in coaching roles. This will allow the club to increase the number of women coaches, to ensure we have enough coaches for all teams. | |
| **4. Will the activity benefit people from under-represented groups**  **See section 3.1 Under-Represented Groups of the Program Guidelines for further information**  **--Select all that apply--**   * **Aboriginal and/or Torres Strait Islanders** * **culturally and linguistically diverse (CALD) communities** * **people with disability** * **people in regional and rural communities** * **LGBTIQA+ community** * **from low socioeconomic areas\***   **Please detail how the activity aims to benefit people from under-represented groups** | Select all applicable groups that will benefit from the activity.  Use the text box to describe how your activity will support these groups.  Provide specific examples, such as tailored initiatives, partnerships, or outreach efforts.  **\*Note: from low socioeconomic areas:** This means people currently living in these areas. |
| **5. Please detail in what way the activity aims to promote and elevate women and girls in community sport and active recreation?** | Explain how the activity will increase visibility and recognition for women and girls in sport.  Include details on promotional efforts, leadership opportunities, or pathways for advancement. Refer to Section 3.2 of the program guidelines. |

|  |  |
| --- | --- |
| SECTION 9: FUNDING LEVELS This section asks you to specify the funding level you are applying for, the amount you are requesting, and how your activity could be adapted for a different funding level if applicable.  See Section 4 Funding Levels of the Program Guidelines for further information. | |
| **Question** | **Your answer** |
| **Please select the funding level you are applying for:** | Select one of the two funding levels listed:   * Participation/Capability Level 1 (up to $5,000) * Participation/Capability Level 2 (up to $10,000)   Choose the option that best matches the scope of your activity and funding needs. |
| **Amount requested from the program:** | Enter the specific dollar amount you are requesting, within the range of your selected funding level.  Ensure this amount matches the budget details you will provide later in Section 10 – BUDGET. |
| **Would you like your application to also be considered for Funding Level 1 if it is determined that the activity can be delivered within the Funding Level 1 model?** | Select Yes or No based on whether you would like your activity to be considered for reduced funding. |
| **If yes, what is the amount requested from the program (under funding level 1)?** | Enter the dollar amount you are requesting if your activity is considered under Funding Level 1.  **This amount must not exceed $5,000.** |
| **Please outline what are the key changes to the scope of your activity for this funding amount?** | Describe how your activity would be modified to fit within the Funding Level 1 amount.  Be specific about any reductions or adjustments, such as changes in scope, participants, or resources. |
| **How many people are expected to benefit from the adapted activity?** | Provide an estimate of the number of individuals who will benefit if the activity is adjusted for Funding Level 1. |

|  |  |
| --- | --- |
| SECTION 10: BUDGET In this section, you will provide a detailed and realistic budget, including both income and expenditure that relates to your activity.  The grant amount entered should be **exclusive of GST**. If you are registered for Goods and Services Tax (GST), we will add the applicable GST to your grant payment.  Response to Amount Requested from this program should be the same as the amount entered in the Funding Level Section 9. | |
| **Question** | **Your answer** |
| **Income Type - Description** | Briefly describe the source of income (e.g., sponsorship, grants). |
| **Income Type - Whole Amount ($)** | Enter the total amount of income for this source in dollars. |
| **Expenditure Type - Description** | Briefly describe the specific expenditure (e.g., facility hire, marketing materials). |
| **Expenditure Type - Whole Amount ($)** | Enter the total amount of expenditure for this item in dollars. |

|  |  |
| --- | --- |
| SECTION 11: BANK ACCOUNT DETAILS This section asks for your club/organisation's bank account details to facilitate grant payment if your application is successful. Please provide accurate details as they appear on your organisation's bank statement. Do not provide personal bank account details or create an invoice for this transaction.  **Important Notes:**   * If your application is successful, the department will send an Email of Acceptance to your organisation's authorised representative. Payment will only be processed after acknowledging the email. * Payments will be made to the nominated bank account of the applicant organisation. **Personal bank account details must not be provided.** * Organisations not registered for GST will receive payments exclusive of GST. For organisations registered for GST, GST will be applied to the grant payment. | |
| **Question** | **Your answer** |
| **Bank Name:** | Enter the name of the bank as it appears on your organisation’s bank statement. |
| **Bank Account Name:** | Provide the name of the bank account. **Do not enter the name of the bank or financial institution.** |
| **BSB:** | Enter the six-digit BSB number without spaces or commas. |
| **Account Number:** | Enter the account number without spaces or commas. |
| **I acknowledge and accept that as the Applicant I am solely responsible for the accuracy of the bank account details and that the provision of incorrect bank account details may delay the processing of the application and/or not receiving payment.** | Tick the box to confirm you understand that your organisation is solely responsible for the accuracy of the bank account details provided. Inaccurate details may delay payment or result in not receiving funds. |

|  |  |
| --- | --- |
| SECTION 12: SUPPORTING DOCUMENTS This section requires you to provide supporting documents that demonstrate your project’s readiness, compliance, and eligibility. Please follow the instructions carefully to ensure your application is complete.  **General Instructions**   * File Requirements: Ensure each attachment is in the correct file format (e.g., MS Word, MS Excel, PDF, PNG or JPEG) and no larger than 5MB. * Naming Your Files: Clearly label each file to reflect its content (e.g., "Quotes\_ClubName.pdf"). * Submitting by Email: If you cannot attach files here, email them to [ChangeOurGame@sport.vic.gov.au](mailto:ChangeOurGame@sport.vic.gov.au) with your application number in the subject line for tracking purposes. | |
|  |  |
| **Supporting Documents Checklist**  Please upload the following files, if applicable: | 1. **Quotes for Items to Be Funded:** Submit a document consolidating all quotes for funding-related items. 2. **Training Company and/or Course Information** *(if available for Stream 2)***:** Submit the website link or brochure for the training company or course. This should include the cost of the course as evidence to support the application. 3. **Statement by Supplier** *(if applicable)*: Attach the supplier statement if required for your application. 4. **Child Abuse Insurance Policy** *(if applicable)*: Provide a copy of your organisation’s insurance policy. 5. **National Redress Scheme Evidence** *(if applicable)*: Submit documentation verifying your organisation’s participation. |
| **Additional Support Documents via URL**  If relevant, you may also include links to additional supporting documents: | * URL 1: Enter the hyperlink to the additional document. * URL 2: Enter the hyperlink to the additional document. * URL 3: Enter the hyperlink to the additional document. |

|  |  |
| --- | --- |
| SECTION 13: CONDITIONS OF GRANT This section outlines the conditions that apply to successful grant applicants. It is important to carefully read and understand these terms as they form the basis of your agreement if your application is successful.  If you have any questions or require clarification about these conditions, contact the Office at [ChangeOurGame@sport.vic.gov.au](mailto:ChangeOurGame@sport.vic.gov.au). | |
| **Instructions** |  |
| **Please review the conditions of the grant outlined in this section.** | |
| **There are no questions to respond to in this section. However, you must ensure that you agree to and can comply with the conditions if your application is successful.**  **This section outlines the acquittal requirements as part of the grant agreement. For your convenience, the acquittal report questions have been included as an appendix in this document.** | |
| **Scroll to the bottom of the page and hit “Next Page” to continue with your application.** | |

|  |  |
| --- | --- |
| SECTION 14: DECLARATION AND ACKNOWLEDGEMENT This section requires applicants to read, agree to, and accept the declarations as part of the application process. Applicants must confirm their agreement to the program terms and provide their details before submitting. | |
| **Declaration** | **Your answer** |
| **You must accept the declaration prior to submitting your application.**  **By checking the box below, I confirm that I am making the above declarations and acknowledgments and agree on behalf of the Applicant organisation to all terms of the Program as set out in the Conditions of Grant, Program Guidelines and my Application.** | To confirm your acceptance, check the box provided below the declaration statement.  By doing so, you are officially agreeing to the declaration and acknowledging that you accept all program terms on behalf of the applicant. |
| **Question** | **Your answer** |
| **Name:** | Enter your full legal name |
| **Position:** | Enter your position within the applicant organisation |
| **Date:** | Select today’s date from the calendar |
| **Save and Preview** | **Click Save and Preview**  Please review the information to ensure completeness and accuracy before submitting. |
| **Save and Submit** | **Click Save and Submit**  A confirmation message will be displayed and emailed.  If you do not receive this message, please follow the troubleshoot options below and/or contact us at: ChangeOurGame@sport.vic.gov.au. |

# Troubleshooting and Tips for Completing Your Application

To ensure a smooth application process, please consider the following guidance:

1. **Browser Compatibility**

For the best experience, we recommend using **Google Chrome** to complete your application. The form may not function properly in browsers such as Microsoft Edge or Safari.

1. **Device Compatibility**

The application portal is optimised for use on **laptops or desktop computers**. Using an iPad or iPhone may result in functionality issues.

1. **Session Timeout**

As a security measure, the portal will automatically log you out after **30 minutes of inactivity**. To avoid losing your work, it is highly recommended that you save your work regularly and draft your responses to the assessment criteria in a separate Word document. Once finalised, you can copy and paste your answers directly into the application form.

1. **Resolving Submission Errors**

If you encounter an error message stating your application could not be submitted, follow these steps:

1. Navigate to the **Grants & Programs** page and locate your draft application.
2. Open the draft and select **Save as Draft**.
3. This will close the application, follow step 1 above to reopen it.
4. Select **Save and Preview**, then **Save and Submit**.

Following this process should resolve the issue and allow your application to be successfully submitted.

If you experience ongoing difficulties, please contact ChangeOurGame@sport.vic.gov.au for assistance.

|  |  |
| --- | --- |
| Appendix 1: Community Activation Grants Program – Acquittal Report Questions Below is a copy of the questions your club/organisation will be required to answer as part of the acquittal process to close out the grant, should your application be successful. | |
|  |  |
| This report is a key acquittal requirement of the Office for Women in Sport and Recreation Change Our Game Community Activation Grants program.  The funded activity must be completed within 18 months following execution of the funding agreement.  The purpose of the acquittal report is for you to provide a summary of key outcomes and learning’s from your activity and to assess the impact of the grant on yourself and your club/community. Information from this report may be used to identify potential case studies and inform future planning and improvements to Change Our Game grant programs.  **It is a requirement under the funding agreement between your organisation and the Department of Jobs, Skills, Industry and Regions, that evidence of the Recipient’s completion of the Project, such as tax receipts and financial reports, be submitted as part of this acquittal report. Recipients are also required to sign a statutory declaration and Certificate Identifying Exhibit in relation to expenditure of the funds (section 4 of the acquittal form).** | |
| **Your details**  This section is linked to your grant record and the details will appear automatically. | |
| Name: | |
| Organisation: | |
| Program: | |
| Activity name: | |
| Our Ref: | |
| Total grant amount: | |
| Dates activity was completed: | |
|  | |
| SECTION 2 - Grant Benefits and Participation Outcomes | |
| Please answer the following questions | |
| 1. **Describe your community activation activity (max 250 words)** | |
| 1. **Did your activity support one or more of the following program outcomes (please select all that apply)**:  * Increased participation by women and girls in sport and active recreation * Increased understanding of gender equity practices, including gender equitable access and use of community sports infrastructure * Celebration and elevation of women and girls in sport and active recreation | |
| **2a**. **Is your organisation / club continuing or planning to continue the activity?**  **Select from one of the options below**   * Yes, activity is already continuing * Yes, activity is planned to continue * No, activity is not continuing * Not relevant | |
| Please provide further details to your response above: | |
| **2b**. **Please describe how this activity enhanced knowledge of gender equity within your club/organisation** | |
| **2c**. **What was the key focus of this activity? Who was being celebrated within the club/organisation?** | |
| 1. **Please describe any other ways the activity has supported the organisation / club's commitment to gender equality and levelling the playing field for women and girls in sport and active recreation** | |
| 1. **How do you plan to maintain / build on your activity to continue to support and celebrate the role of women and girls at your organisation / club?** | |
| 1. **How many people participated in the activity, please provide as accurate information as possible for the following demographic questions**: 2. Total number of participants 3. Total number of women and girls 4. Total number of Aboriginal and Torres Strait Islanders 5. Total number of people with Disability   Of the total number of women and girls who participated, please estimate the total number who identify as:   1. Aboriginal and Torres Strait Islanders 2. Culturally and linguistically diverse (CALD) communities 3. People with a disability 4. Regional and rural communities 5. LGBTIQ+ community | |
| 1. **Describe what changes to participation have occurred at your organisation / club as a result of the activity?**   **Select from one of the options below**   * Participation increased * Participation was maintained * Participation decreased | |
| **If participation increased or decreased, please indicate the number of additional/less participants (if participation decreased, please include a '-' sign before the number)** | |
| **Why did participation change?** | |
| 1. **Has this grant opportunity supported your organisation / club in working towards achieving gender equality?** | |
| **Please describe why** | |
| 1. **In your experience of participating in the program, please rate your response to the following questions.**   **The next 3 questions will ask you to rate your response on a scale from 1 to 5.**  **Ratings are defined as follows:**  **1 - Not at all**  **2 - Very little**  **3 - Somewhat**  **4 - To a great extent**  **5 - Completely**   1. To what extent has this program increased participation opportunities for Victorian people. 2. To what extent has this program increased participation opportunities for people with disability? 3. To what extent has this program increased participation opportunities for Aboriginal and Torres Strait Islanders? | |
|  | |
| SECTION 3 - Sharing the Stories & Project Reflections | |
| 1. **Was there any news or social media coverage of your event/activity? If so, how many articles/posts were there? Please attach examples of articles or social media coverage** | |
| **Number of media articles:** | |
| **Number of social media posts:** | |
| **Other communications and or media coverage (number and description):** | |
| 1. **Please outline the top three areas that would further support your organisation / club to increase participation and enhance gender equality for women and girls** | |
| **Area 1:** | |
| **Area 2:** | |
| **Area 3:** | |
| 1. **Is there anything else you would like to share with us? E.g. Interesting stories or learnings, suggestions for future applicants etc.**   **Please attach photos with consent for use by the Department** | |
| 1. **Please provide any additional comments / suggestions for improvement of the Community Activation Grants Program** | |
| **SUPPORTING DOCUMENTS** Please attach any photos or links related to your Community Activation Grant project. Ensure that your attachments are of an acceptable file type (e.g., Word, Excel, PDF or JPEG) and do not exceed the maximum size of 5MB each. If you are unable to attach these documents, they may be emailed to ChangeOurGame@sport.vic.gov.au.  Ensure that you clearly name each document and include the application number in the subject line of your email. | |
| Attachment 1 (max size 5 MB) | |
| Attachment 2 (max size 5 MB) | |
| Attachment 3 (max size 5 MB) | |
| Attachment 4 (max size 5 MB) | |
| Attachment 5 (max size 5 MB) | |
| Internet Link 1 | |
| Internet Link 2 | |
| Internet Link 3 | |
| Internet Link 4 | |
| Internet Link 5 | |
|  | |
| This section is linked to your grant record and the details will appear automatically. | |
| Program: | |
| Category: | |
| Grant Recipient: | |
| Project Name & Grant Amount: | |
| Our Ref: | |
| **Declaration** | |
| It is a requirement under the funding agreement between your organisation and the Department of Jobs, Skills, Industry and Regions, that evidence of the Recipient's completion of the Project, such as tax receipts and financial reports, be submitted as part of this acquittal report. Recipients are also required to download, sign and upload a statutory declaration and Certificate Identifying Exhibit in relation to expenditure of the funds.   **Below, you must attach documents that confirm payment of the grant funds used to-date. Acceptable documents include:**   * **receipts from suppliers/service providers;** * **bank statements showing payments to suppliers/service providers; and,** * **invoices showing a remaining balance.** | |
| Invoices/Financial statements \* | |
| Additional Attachment 1 (max size 5 MB) | |
| Additional Attachment 2 (max size 5 MB) | |
|  | |
| [ ] I have attached the Statutory Declaration and Certificate Identifying Exhibit | |
| [ ] I have attached financial records including invoices and receipt of payments confirming expenditure against the grant funds | |
| [ ] I declare that the information contained in this Declaration is witnessed true and correct | |
| **Name of Authorised Representative:** | |
| **Date:** | |