

Funding Submission Form

<i>Service Number:</i>	<i>Submission No:</i>	<i>Date Submission received:</i>
<i>Organisation Number:</i>		



Submission for Funding

from

Department of Families

ABN: 42 458 314 937

Name of Organisation

GRAFFITI SOLUTIONS

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1. Completing this Submission Form

Prior to completing this form, applicants should obtain and read the following departmental documents:

- the Funding Information Paper relating to the funds you are applying for
- the Standard Conditions of Funding

These documents have been made available in the Application Kit which is available from your local departmental regional office or can be accessed on the departmental Community Infonet at: www.families.qld.gov.au [then click on 'Funding Information'].

NB. If not using the electronic version of this document, please attach additional pages sufficient to provide adequate information.

2. Organisation Details

Funds are only provided to organisations that are described as eligible in the *Standard Conditions of Funding*. Standard Conditions of Funding are available in the Application Kit or at www.families.qld.gov.au

Please attach a copy of your organisations Certificate of Incorporation.

Legal Status of Organisation:

Name and registered address of the organisation:

(do not enter if premises are a women's refuge)

Postal address:

Telephone number:

E-mail address (if any):

Fax number (if any):

Accountable legally assigned office bearers of the organisation:

Title	Name	Position (for example President, treasurer,	Phone

	secretary, chairperson)	

Does your organisation currently receive Commonwealth, State or Local Government funding to provide services? If yes, please specify the type of service, source, duration and amount:

Have you recently applied for funding for a similar proposed service contained in this application? If yes, please provide details:

Does your organisation hold appropriate insurance? If yes, please specify the type of insurance cover:

3. Service Details

This section will inform the Department about your proposed service.

Name and premises of the service:

Postal address:

Telephone number:

E-mail address (if any):

Fax number (if any):

Contact officers of the service:

Title	Name	Position (eg. Co-ordinator, Administrator, Worker)	Phone

Collaborative Partners (where relevant)			
Organisation		Contact Name	
Address		e-mail	
Phone		Fax	
The contribution			

Organisation		Contact Name	
Address		e-mail	
Phone		Fax	
The contribution			

4. Service Response

Project Title	
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4.1 Project Description	
Description of proposed project, including intended outcomes	
Rationale	
Evidence of need including sources of information	
Target group/s and how they will access the service including referral mechanisms where appropriate	
Description of collaborative activities	
Other	

4.1 Project Description	

4.2 Deliverables (project activities)
<ul style="list-style-type: none"> • • • • •
Describe how these contribute to outcomes:

4.3 Key Milestones		
Activities/Tasks/Phases	Milestones/Date/Timeframe	Performance Indicators/measures/targets
This includes the tasks undertaken to establish and operate the project	Including commencement and completion dates of different activities	Including how it is known that activities have been achieved

6. Organisation Agreement

Should your application be successful, your organisation agrees to complete a funding agreement and service plan with the Department of Families, and to participate in performance monitoring, action learning and evaluation.

On behalf of the organisation:

Signed **X** _____

Name		
Organisation Position		
Date		

On behalf of collaborative partner organisation:

Signed **X** _____

Name		
Organisation Position		
Date		

On behalf of collaborative partner organisation

Signed **X** _____

Name		
Organisation Position		
Date		

On behalf of collaborative partner organisation

Signed **X** _____

Name		
Organisation Position		
Date		

7. Lodging the Submission

Applicants should return this Funding Submission Form and all required attachments to Non-Government Services Directorate at the address shown on the Information Paper.

The required attachments to this completed Funding Submission Form are:

- A copy of the organisation's **Certificate of Incorporation**, and
- A copy of the organisation's most recent **Audited Financial Statement**, and
- Any additional relevant information to support the application

NB. Please attach additional pages sufficient to provide adequate information.