# **Completing this application form**

**\* indicates a mandatory field**

**Applications close 10.00 am (AEST) Monday, 12 June 2023.**

The application form is designed to provide information to allow detailed consideration of all submissions by the assessment panel. All sections of the application form must be completed. **Late or incomplete applications will be deemed ineligible and will not be assessed**.

## Acknowledgement

**\***  I acknowledge that I have read the Indigenous Languages Grants 2023 **Guidelines** and the **Terms and Conditions** at [www.qld.gov.au/ilg](http://www.datsip.qld.gov.au/ilg) before completing this form to ensure you meet the eligibility requirements.

## Privacy Notice

The Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (the Department) is collecting your personal information in accordance with the *Information Privacy Act 2009* (Qld), in order to administer the Indigenous Languages Grants 2023.

The information will be stored securely and accessed by the Department’s authorised employees for the purpose of administering the Indigenous Languages Grants 2023.

The Department will provide this information to the assessment panel, which may include members external to the Department, for the purpose of assessing applications. If the application is successful, details of the applicant and the initiative may be used by the Department for advertising/promotional purposes as specified in the Indigenous Languages Grants 2023 Terms and Conditions.

## Language Permission

It is a requirement of the Indigenous Languages Grants to have permission form the Language Owners / Traditional Owners to use their language for the Activity.

|  |  |  |
| --- | --- | --- |
| **\***Are you (the applicant organisation) a recognised representative body for the owners of the language? | Yes | No |
| If No, do you have support from the owners of the language to proceed with this activity?  Yes - Please attach a support letter from representatives of Language Owners / Traditional Owners that outlines the desire for the activity to go ahead and what role(s) Language Owners/Traditional Owners will play throughout the project.  No - if you do not have support from Language Owners / Traditional Owners your activity is deemed ineligible. | |

**\****Please attach Letter(s) of support from Language Owners / Traditional Owners, communities or organisations. This letter must provide confirmation of involvement and evidence that the required protocols, particularly Indigenous Cultural and Intellectual Property rights, have been followed*.

## Applicant Details

If you are partnering with an incorporated organisation in an “**auspice arrangement**”, please enter their details for Applicant details.

|  |  |  |  |
| --- | --- | --- | --- |
| **\***Organisation Name | Insert organisation name | | |
| **\***Project Contact Name | Insert your title, first name and surname | | |
| **\***Position with Organisation | Insert your position title | | |
| **\***Street Address | Insert organisation street address | | |
| **\***Suburb | Insert suburb | **\***Postcode | 0 |
| **\***Telephone number | Insert your organistion landline number | | |
| **\***Mobile number | Insert your mobile number | | |
| **\***Email | Insert your email address | | |
| Website | Insert website if applicable | | |
| **\***Australian Business Number | Insert registered ABN | | |
| **\***Brief description of organisation ***(limit to 50 words)*** | Please provide a brief description. No more than 50 words / 1 paragraph | | |

|  |  |
| --- | --- |
| **\***Type of legal entity *(please tick)* | a company incorporated in Australia  a company limited by guarantee[[1]](#footnote-1)  an incorporated trustee on behalf of a trust  an incorporated association  a registered charity or not-for-profit organisation  a local government body  a Queensland Government approved kindergarten program provider  School Parent Association  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\****Please attach a copy of the organisation’s Certificate of Incorporation or similar documentation.*

## Governing Body

A governing body is a group of people given the power and authority to form the policy and steer the overall direction of an organisation. It is a collective unit that makes and implements decisions on behalf of its members and the organisation. It is not any single individual.

If applicable, please provide a list of members and their positions for your organisation's governing body: (For example, Boards, Committees, Trusts). Add/Delete rows as necessary.

|  |  |
| --- | --- |
| **Name** | **Position Title** |
| Insert name | Insert position title |
| Insert name | Insert position title |
| Insert name | Insert position title |
| Insert name | Insert position title |
| Insert name | Insert position title |
| Insert name | Insert position title |

# **Language Program**

## Activity Details

|  |  |  |
| --- | --- | --- |
| **\***Activity Name | Insert activity name | |
| **\***What are you going to do?  ***(limit to 50 words)*** | Please provide a brief description. No more than 50 words/1 paragraph | |
| **\***What language(s) will your activity focus on? | List the name of the language(s) and the language code  Please confirm the name of the language and the language code through Auslang 🡪 <https://collection.aiatsis.gov.au/austlang/search> | |
| **\***Type of activity  *(tick all applicable activities)* | Language learning, teaching and awareness building in community or school settings  Indigenous language leadership youth/adult or supporting career development initiatives  Production of language resources: books, songs, games, signage including digital technology apps  Language celebration/promotion: event, performance or visual artwork  Research, recording, revival and documentation of languages: working with Elders/community members, and Language Centres or investigating state or national archives  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **\***When do you expect to deliver your activity? ***(Must be no later than 30/16/2024)*** |  | |
| **\***Is your activity provided free to the public? | Yes  No – if your activity is not provided free to the public, your activity is deemed ineligible. | |
| **\***Will your proposed activity support language learning in schools? | Yes | No |
| If yes, how will it support language learning in schools?  Please provide details (limit 250 words)  **\****Please attach a letter of support from the School Principal if your activity is based at school.* | |
| **\***Activity location(s) | Insert all addresses if activity will be delivered in more than one location | |

## Accessibility

|  |  |
| --- | --- |
| If applicable, describe how you plan to ensure your activity is inclusive of people with disability. ***(limit to 50 words)*** | It is important that the activity is accessible to the whole community. Examples include, access for wheelchair users, older people with sight or hearing loss and people who are deaf and/or blind/vision impaired |

# **Program Objectives**

## \*Design

|  |  |
| --- | --- |
| **\***Describe how your Indigenous-led language Activity is co-designed with Aboriginal peoples and/or Torres Strait Islander peoples. ***(limit 300 words)*** | Your response must include how Aboriginal and/or Torres Strait Islander peoples have been involved in the design, planning and delivery of the activity |
| **\***What is the estimated number of Aboriginal people and Torres Strait Islander people who will benefit from this activity? | Your response must be a number |
| **\***Who are the target audience or participants in this activity? ***(limit 100 words)*** | Insert who the activity is focused towards. For example, specific community groups, school age group |
| **\***Why do you want to carry out this activity? ***(limit to 300 words)*** | For example, you might include some information on the language revival efforts to date, whether this language is endangered, or what are the communities dreams or concerns for their language |
| **\***What are the expected outputs (tangible products) or outcomes (change in perception, skills, knowledge) of this activity?  ***(limit 300 words)*** | For example: increased numbers of language speakers, greater community language awareness, production of language resources, signage, performances or artwork, discovery of archived language materials, more Elders working with younger generations |

## \*Activity Implementation and Key Milestones

Please detail your key milestones and the date you expect to deliver against that milestone. This should include details of what will happen in your project and when. (For example: planning, meetings/consultations, workshops, lessons, library visits, writing, productions, performances). **A project plan can be attached to support your application**.

|  |  |
| --- | --- |
| **Date** (dd/mm/yyyy) | **Key Milestone** |
|  | Insert milestone |
|  | Insert milestone |
|  | Insert milestone |
|  | Insert milestone |
|  | Insert milestone |
|  | Insert milestone |

## \*Key Partners

|  |  |
| --- | --- |
| **Name and Position Title of Key Partner** | **Organisation** |
| Insert name and position title | Insert organisation name |
| Insert name and position title | Insert organisation name |
| Insert name and position title | Insert organisation name |
| Insert name and position title | Insert organisation name |
| Insert name and position title | Insert organisation name |
| Insert name and position title | Insert organisation name |

# **\*Funding and Organisational Capacity**

## **\***Amount requested

Grant support up to the value of **$10,000** (exclusive of GST) per activity will be considered through this program. Applicants may be offered a smaller grant amount than applied for.

|  |  |
| --- | --- |
| **\***What is the funding amount you are requesting in this application?  ***must be a whole dollar amount (no cents) and no more than 10000*** | Your response must be a number |

|  |  |
| --- | --- |
| **\***Has the organisation applied for a grant or sponsorship for this initiative from any other Queensland Government agency? | Yes. *If yes, please attach details or supporting documents with this application.*  No |

## **\***Budget

Using the template provided below, please provide a detailed breakdown of your budget. **Add/delete rows as necessary**.

**The grant funding cannot cover:** staffing (including matching of volunteer fees); insurances; prizes or gifts; administration and overhead costs; routine operations of the applicant; retrospective activities; capital equipment or works; activities or goods not directly related to the activity.

**#**In-kind contribution is a contribution of a good or a service other than money. Examples include: voluntary labour (teacher time) and donated goods (bus/venue hire, recording equipment). Please provide an estimate of the financial value of the in-kind contribution.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Description**  *Please itemise your expenditure, For eg, consultation and engagement, marketing and promotions* | **Total cost of your Item**  *Must be a dollar amount* | **Allocation from the Indigenous Languages Grants**  *Total of this column must equal grant funding (maximum $10,000).* | **Details of in-kind# or financial contribution** |
|  | $0.00 | $0.00 | $0.00 |
|  | $0.00 | $0.00 | $0.00 |
|  | $0.00 | $0.00 | $0.00 |
|  | $0.00 | $0.00 | $0.00 |
| **TOTAL EXPENSES** | **$0.00** | **$0.00** | **$0.00** |

|  |  |
| --- | --- |
| **\***Outline your organisation’s experience and ability to manage and implement the activity. ***(limit 200 words)*** | Please list the people who make up your project team, and any previous experience in managing projects and grant funding |
| **\***How do you plan to promote your activity? Outline your promotion plan. ***(limit 200 words)*** | For example: newsletters, advertising and other communication channels such as website, social media etc |

## **\***Media

Media statements may be used in announcing and promoting the grants program, however it is entirely voluntary and your organisation is not obligated to participate.

|  |  |
| --- | --- |
| **\***Please provide a short statement about what the Indigenous Languages Grants contribution will mean for your organisation and community. ***(maximum 2 lines)*** | For example: newsletters, advertising and other communication channels such as website, social media etc |
| **\***Do you approve for this statement to used in media or promotional material by the Queensland Government? | Yes  No |

# **Checklist for finalising your application**

**\* indicates a mandatory field**

**\***  Certification of incorporation (if applicable) is attached

**\***  Copy of appropriate insurance certificates are attached

**\***  Letter of support from the relevant language owners, communities or organisations is attached

**\***  Letter of support from School Principal for School Parent Associations (if applicable) is attached.

## Applicant Declaration and Endorsement

The Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (“the Department”) is collecting your personal information in accordance with the *Information Privacy Act 2009* (Qld), in order to administer the Indigenous Languages Grants 2023.

The information will be stored securely and accessed by the Department’s authorised employees for the purpose of administering the Indigenous Languages Grants 2023.

The Department will provide this information to the assessment panel, which may include members external to the Department, for the purpose of assessing the applications. If the application is successful, details of the applicant and the initiative may be used by the Department for advertising/promotional purposes as specified in the Indigenous Languages Grants 2023 Terms and Conditions.

I agree that the State of Queensland may use and disclose my personal information in the manner set out above and, in the Terms, and Conditions for the Indigenous Languages Grants 2023.

**Please tick:**

**\***  I warrant that I am authorised to submit the grant application on behalf of the applicant.

**\***  I declare that to the best of my knowledge all information provided in the grant application is true and correct and complete.

**\***  I have provided the required attachments with this application form.

**\***  I understand that the application and any material accompanying the application will not be returned to the applicant.

**\***  If the application is successful, I acknowledge that I cannot change the approved activity/project or budget without prior approval, and I will notify the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships as early as possible to seek approval for a variation if required.

**\***  If the application is successful, the applicant will enter into a funding agreement with the State of Queensland, acting through the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships.

**\***  If the application is successful, I will provide a final report to the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships in accordance with the requirements of the funding agreement.

**Declaration**

I **Insert your name and position in organisation** , hereby declare that I have submitted the application in accordance with the Indigenous Languages Grants 2023 Guidelines and the Terms and Conditions.

|  |  |
| --- | --- |
|  |  |
| **Signature** | **Date** |

You are at the end of the application process. Before you finalise your application, we would appreciate it if you take a few moments to provide some feedback.

## Applicant Feedback

Please indicate how you found the application process:

Very easy

Easy

Neutral

Difficult

Very difficult

How many minutes in total did it take you to complete this application?

|  |
| --- |
|  |

Estimate in minutes i.e. 1 hour = 60 minutes

Please provide any suggestions or improvements you may have about the form and/or process. ***(limit 200 words)***

|  |
| --- |
| Your feedback will help us make improvements to future grant rounds. |

## How did you hear about the Indigenous Languages Grants?

Departmental websites ([www.dsdsatsip.qld.gov.au](http://www.dsdsatsip.qld.gov.au); [www.education.qld.gov.au](http://www.education.qld.gov.au))

Email notification from the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

Newspapers

Radio

Social Media (Deadly Stories: [Facebook](https://www.facebook.com/deadlystories) or [Instagram](https://www.instagram.com/deadly.stories/), [Linked In](https://www.linkedin.com/company/datsip/))

Queensland Government Media Statement

Word of Mouth

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your feedback.

1. “a company limited by guarantee” is a specialised form of public company designed for non-profit organisations. In Australia companies limited by guarantee are subject to the *Corporations Act 2001* (Cth) and administered to by the Australian Securities and Investments Commission (ASIC). [↑](#footnote-ref-1)