Organisation Details

* indicates a required field

Community Grants

Schools and NFP Organisations are invited to apply for a grant which will go towards the purchase of equipment to promote accessibility and inclusivity in the community for children aged 0-17 years with disability, chronic illness, financial disadvantage or geographic isolation.

You are eligible to apply for a community grant provided that:

The school or organisation:

•

- is based and operating in Victoria
- is not a private school or business
- directly services children under the age of 18 in one or more of the following areas
 - disability and/or chronic illness
 - financial disadvantage
 - geographic isolation
- Previous recipients will not be considered for another community grant until 2 years after the date listed on their outcome letter

FUNDING REQUESTS

The applicant may only apply for one or more items as part of their grant request. The items must directly benefit children as per the eligibility criteria above. Examples of grant requests are, but not limited to:

- Supplies such as decodable readers, musical instruments
- Equipment such as inclusive play equipment and sensory rooms and items.
 - Sensory rooms and items must comply with Victorian Education Department policy
 - education.vic.gov.au/pal/sensory-rooms/policy
- Technology such as iPads, smart boards, hearing loops, c-pens

Grants we will not fund:

- Expenses that have already been initiated or have already occurred prior to submission or written approval
- Incomplete application forms
- Equipment from non-Australian distributors that cannot be invoiced directly to Variety or services outside Australia
- Capital works
- Installation costs
- Wages, training and seminars
- Research
- Insurance, service or maintenance costs
- Programs

Form Preview

Please note if you wish to apply for a Variety Sunshine Coach, Liberty Swing or Wheelchair carousel you must contact Variety for a special application form.

kidssupport@varietyvic.org.au

Please read the **guidelines** before commencing an application.

Organisation *	Organisation Name
Is this organisation a: *	 Government School, Primary and/or Secondary Government Specialist School Support Organisation Community Group
ABN *	
Street Address *	Address
	Suburb State Postcode
	Must be an Australian post code
Postal Address	Address
	Suburb State Postcode
	Must be an Australian post code
Contact Name *	Title First Name Last Name
Position *	
Direct Phone Number	
Direct Filone Number	Must be an Australian phone number
Mobile Phone Number	·
Mobile Priorie Number	Must be an Australian phone number
	The state of the s

2024 Community Funding Form Preview

Direct Email *	Must be an email address
General Office Phone Number *	Must be an Australian phone number
General Office Email *	Must be an email address
Applicant Website	Must be a URL
Number of Children (17 y/o and under) *	Must be a number
Number of children with additional needs *	Must be a number
Age Range of children organisation assists *	 □ 0 - 3 □ 4 - 6 □ 7 - 12 □ 13 - 15 □ 16 - 18
Are any children of Aboriginal or Torres Strait Islander origin? *	○ Yes ○ No
If yes, how many? *	Must be a number
School ICSEA value *	
Available at https://www.myschool.ed	du.au/
	rea? Please list suburbs or towns your students suburb or town the school is located in) *

For Victorian Government Schools only

Form Preview

How many of your students a Data (NCCD)?	re included in the Nationally Consistent Collection of
How many of those students adjustment level?	are assessed at a substantial or extensive
How many of your students re Disabilities?	eceive funding under the Program for Students with
Brief Description of Organisation *	
	Must be between 20 and 200 words
Types of disability or disadvantage catered for	
	Must be between 10 and 200 words
Please name all file uploads t	to include your grant application number.
Please attach current Financial Report - (not required for state	Attach a file:
schools)	
Please attach most recent Annual Report *	Attach a file:

Funding Request

* indicates a required field

NB: Please contact Variety if you wish to apply for funding for Sunshine Coaches, Liberty Swings or Wheelchair Carousels. There is a different process and application form for these.

2024 Community Funding Form Preview

Equipment Required / Project Title *		
Details of the project, how the equipment will be used and benefits to the children. *		
Expected outcomes from this project and how those outcomes will be measured *		
Total Project Cost (ex GST) *	\$ What is the total budgeted cos	st (dollars) of your project?
How many children will benefit from this grant?	Must be a number	
Number of years equipment will last *		
Do you have any funding/potential funding to contribute? *	☐ Government funding - secured ☐ Government funding - awaiting outcome ☐ Other charities or foundations - secured ☐ Other charities or foundations - awaiting outcome	 □ School or community fundraising - completed □ School or community fundraising - upcoming □ We are unable to contribute
Other Funding		
Please list details of other funding either secured or has been applied for.		
	Amount	Status
	\$	
	\$	
	Must be a dollar amount	
Funds required from Va	riety	
Total Amount Requested (ex GST) *	\$ What is the total financial supr	port you are requesting in this

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What is the total financial support you are requesting in this application?

Form Preview

Submission Letter

A submission letter is an opportunity for you to tell us in detail about your project and why you need funding.

The letter should be on letterhead, signed and dated and contain the following as a minimum:

- Contact details of the authorised representative and organisation
- Details of the benefit to children and staff, and, if applicable, families and wider community
- Why the equipment is required and what need the equipment will address
- Details of the requested item including supplier information
- Information related to the expected outcomes and measurements

Further information such as plans and drawings can also be uploaded.

	and the same state of appropriate
Submission Letter * Attach a file:	
A minimum of 1 file and a maximum of	5 files may be attached.
If applying for sensory items ple of Sensory Room Statements Attach a file:	ease upload DET Equipment Prescription and Use
https://www2.education.vic.gov.au/pal/s	sensory-rooms/resources
Supplier/s	
* indicates a required field	
·	
Quotes	
You must supply three (3) quotes, u	nless there is only one supplier.
Variety Victoria may use a Variety p	referred supplier at our discretion.
Please name all file uploads to i	nclude the grant application number.
Quote 1 * At	tach a file:
Quote 2 At	tach a file:
Quote 3 At	tach a file:

Form Preview

Preferred Supplier		
Supplier *	Organisation Name	
Supplier Postal Address *	Address Suburb State Postcode Must be an Australian post code	
Supplier Office Phone Number *	Must be an Australian phone number	
Supplier Other Phone Number	Must be an Australian phone number	
Supplier Office Email *	Must be an email address	
Supplier Other Email	Must be an email address	
Additional Information		
Submission		
* indicates a required field		
How did you hear about Variety? * Variety website Social media (eg Facebook, Instagram etc) Press (eg newspaper, radio, etc) Referee (eg Therapist, Doctor, etc) Word of mouth School Other:		

Have you previously received assistance from Variety? *

Form Preview

○ Yes	○ No	Other:
Details of previo	ous funding	
Year	Details	Amount
		\$
		\$
		Must be a dollar amount
successful * O Yes Application Proc	O M	esentation, should this application be
Out of 10 - How ea	sy was it to complete the a	application form?
How long did it tak	ce you to complete the app	olication form?

Privacy Collection Statement

Your privacy is respected by Variety. The personal information you provide on this form will be used to assess your eligibility. It may be provided to organisations who assist us, or as required by authroised by law, but we will not use any of your sensitive information for marketing purposes without your prior concent.

If you have any privacy concerns or would like to verify information held about you please contact Variety Victoria on 03 8698 3900.

By ticking below, you confirm that you have read and agreed to Variety's guidelines.

Submission of this application to Variety does not expressly mean or imply that Variety has accepted your application, Variety is under no obligation, legal or otherwise, to process your application to a successful conclusion. Each application will be determined on its merits, and within Variety's funding guidelines. Variety is not liable for any loss or damage whatsoever upon your application being declined.

By forwarding this application to Variety, you acknowledge that any and all implied terms and conditions or warranties implied by law are excluded. You acknowledge on making this application that Variety has not made any representation, or given any promise or undertaking as to the fitness of any equipment or product(s) sought to be supplied to you pursuant to this application. It is solely for you to determine whether the equipment or product being sought is fit for its purposes. Variery may arrange for the supply and delivery of equipment or a product, but it is neither the vendor nor the supplier of any equipment or

2024 Community Funding Form Preview

product. Accordingly, Variety will not be responsible for any direct or consequential loss or damage arising or related in any way to this application or its subject matter.

I consent to Variety collecting the information provided in this application. I have read and agree to Variety's guidelines. I understand that if I do not provide the information requested, I may be ineligible to receie assistance from Variety *

Date *		
Must be a date		