

2024/25 - Safe Communities Grant - Round Two

Form Preview

Safe Communities - Domestic and Family Violence Grant

The Safe Communities - Domestic and Family Violence Grant funds community organisations and groups to deliver primary prevention initiatives targeting the underlying drivers of domestic and family violence to prevent violence before it happens. This grant is open twice a year (please note that the total funding amount will be available in the first round, and if expended round two will not occur) – see penrith.city/grants for relevant dates. Please note, the Safe Communities - Domestic and Family Violence Grant is a pilot program which will run for three years up to June 2027.

All proposed activities must align with principles of access, inclusion, and equity.

We encourage applications from First Nations groups and organisations, and those that support and celebrate First Nations individuals, communities and culture in Penrith.

Before completing the application form, please ensure you read the [Guidelines](#) in full. Should you have any questions or require assistance please contact the Community Safety team 4732 7777 or community.safety@penrith.city.

Please note: an organisation may only submit two grant applications per grant round, unless acting as an auspice. Applicants that possess the same ABN will be regarded as coming from the same organisation. This form is designed to be filled out by the auspicee, not the organisation acting as the auspice. Please contact Council if your auspice arrangement stipulates that the auspice should complete the application form.

Applicant Details

* indicates a required field

Name of organisation or community group *

Organisation Name

Branch Name (if applicable)

Organisation Name

Contact Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

If your service is located outside of Penrith LGA, please demonstrate your connection to Penrith i.e., what services do you provide in Penrith

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This is for services located outside of Penrith LGA only. Eligible applicants must provide services or be located in Penrith LGA and deliver activities that benefit Penrith residents.

Applicant Contact Person *

Title

First Name

Last Name

Who can Council contact regarding the application?

Position *

Job title/position of contact person.

Email Address *

Must be an email address.
Primary contact.

Contact Number *

Must be an Australian phone number.
Primary contact. If providing a landline number be sure to include area code e.g., (02) 4732 7777.

Organisation Details

* indicates a required field

In order to be eligible, please confirm the applicant *

- ☐ Is not a school or other government agency. However, groups associated with schools for example Parent & Friend Committees are eligible to apply.
- ☐ Does not have overdue progress or acquittal reports for previous Penrith City Council grants.
- ☐ Does not have outstanding debt with Penrith City Council.
- ☐ Is not submitting more than 2 grant applications in this grant round.

At least 4 choices must be selected.

Organisation Type *

- ☐ Organisation
- ☐ Community Group
- ☐ Other

Is your organisation/community group a registered not-for-profit with NSW Fair Trading or ASIC? *

- ☐ Yes
- ☐ No

ABN

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Applicant Organisation ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Auspice Details

As you are not a registered not-for-profit with NSW Fair Trading or ASIC you are required to have an auspice organisation.

Please provide details of your auspice organisation. If you require assistance to find an auspice organisation please get in touch with the Community Safety team 4732 7777 or community.safety@penrith.city.

Auspice *

Organisation Name

Auspice ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information

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ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Contact Person *

Provide details of the contact person at the auspice organisation.

Auspice Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Auspice Contact Phone Number *

Must be an Australian phone number.

Primary contact. If providing a landline number be sure to include area code e.g., (02) 4732 7777.

Auspice Contact Email *

Must be an email address.

Evidence of Auspice *

Attach a file:

Please provide evidence of auspice agreement.

Funding Requirements

* indicates a required field

Acknowledgement

By continuing with this application you acknowledge that the applicant is:

- willing and able to acquire and demonstrate evidence of all required insurance, licenses and approvals.
- willing to enter into an agreement with Penrith City Council and be solely responsible for the delivery of the activity and expenditure of funds.

Ineligible activities

Funds cannot be used for the listed activities:

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- reimbursements for activities already undertaken.
- operating costs associated with running an organisation or group e.g. salaries and office or computer equipment.
- initiatives with the sole purpose of fundraising.
- activities and events that duplicate existing activities of Penrith City Council.
- activities that cannot be delivered within 12 months from receipt of funding agreement.
- activities previously funded through other Penrith City Council funds.

Will funds be used for any of the above activities? *

- ☐ Yes
☐ No

Multiple Applications

Have you submitted, or do you plan to submit, another application for this grant in this grant round? *

- ☐ Yes
☐ No

Applicants may submit two applications per grant round.

Previous Grant Funding

Have you previously received funding from Penrith City Council? *

- ☐ Yes
☐ No

Do you have any outstanding reports and/or money with Penrith City Council as a result of previous funding? *

- ☐ Yes
☐ No

Have you already received a Penrith City Council grant for the proposed activity? *

- ☐ Yes
☐ No

You may not receive more than one Penrith City Council grant for the same activity. However, applications may be considered if they expand or develop an existing funded activity e.g include a new location or focus community.

Funding Request

* indicates a required field

Funding Amount

Are you seeking *

- ☐ Tier one funding – sole application (up to \$2,500)
☐ Tier two funding – partnerships (up to \$5,000)

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Partnership Details

Please provide details of the organisation or group you are entering into a partnership with.

Partner *

Organisation Name

Partner ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Partner Contact Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Partner Contact Email *

Must be an email address.

Please provide evidence of partnership *

Attach a file:

Outline how the partnership will benefit the proposed activity. *

Word count:

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Must be no more than 200 words.

Activity Details

* indicates a required field

Activity Title *

Short Activity Description *

Word count:

Must be no more than 200 words.

Provide a short description of your proposed activity.

Activity Start Date *

Must be a date and between 1/5/2025 and 31/5/2026.

Activity End Date *

Must be a date and no later than 31/5/2026.

Please note that the proposed activity must end within 12 months of the funding agreement.

Additional Comments

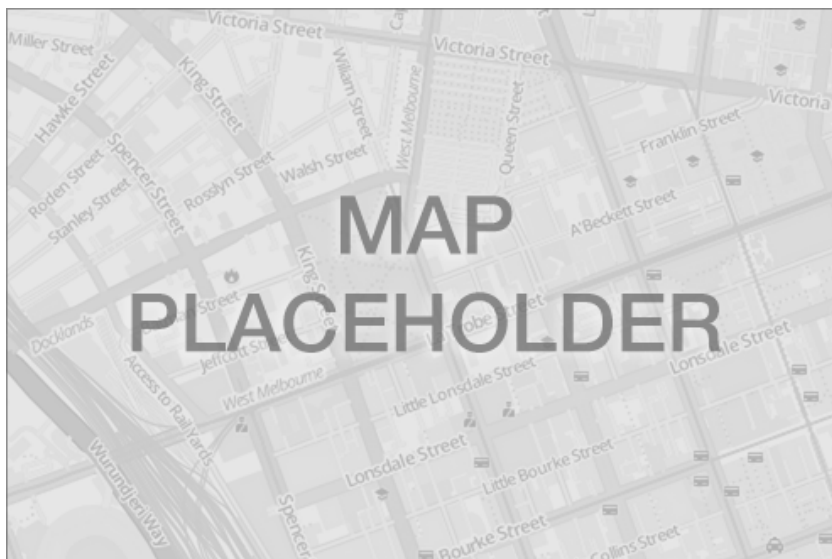
This space can be used to provide further details on activity dates e.g., multiple workshops, unconfirmed date, etc

Where will the proposed activity take place? *

Address

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Address Line 1, Suburb/Town, State/Province, and Postcode are required.

If your proposed activity will take place in more than one location, please provide details.

Name of Venue/s *

E.g., Jamison Park, Jordan Springs Community Centre, etc

Which of the following best describes your proposed activity? *

- ☐ Capacity building activities e.g. workshops and training opportunities
- ☐ One-off activities e.g. programs, events, workshops, social awareness campaigns

Select one only.

Which of the following best describes your proposed activity's objective/s? *

- ☐ increase community awareness and education about the drivers of domestic and family violence.
- ☐ community-led.
- ☐ encourage community organisations and groups to collaborate.
- ☐ respond to the needs of community experiencing intersectional inequality.
- ☐ build capacity, skills and knowledge of workers and volunteers about primary prevention practices.
- ☐ strengthen social networks and knowledge about support services for communities vulnerable to domestic and family violence.

No more than 3 choices may be selected.

Proposed activities must meet one or more of the objectives. All proposed activities must align with principles of access, inclusion, and equity.

How will your proposed activity meet this objective/s? *

Word count:

Must be no more than 300 words.

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Why is the proposed activity needed? What evidence do you have to support this? *

Word count:

Must be no more than 200 words.

Who is the focus community of your proposed activity? *

- | | |
|--|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Socio-economically disadvantaged |
| <input type="checkbox"/> Young people | <input type="checkbox"/> First Nations |
| <input type="checkbox"/> Families | <input type="checkbox"/> Women |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> LGBTQI+ |
| <input type="checkbox"/> Culturally and linguistically diverse | <input type="checkbox"/> Local community (suburb, village, street, etc.) |
| <input type="checkbox"/> People with disability | <input type="checkbox"/> Other: <input type="text"/> |

No more than 3 choices may be selected.

How does your proposed activity address the specific needs of your focus community? *

Word count:

Must be no more than 200 words.

How many people do you anticipate will benefit as a result of your proposed activity? *

Must be a number.

Note more people does not lead to better outcomes.

Outcome and Evaluation

*** indicates a required field**

An outcome is a specific and measurable short-term effect. It is the changes and benefits - the step-changes to achieve an ultimate goal.

Should your application be successful, you will be required to report on the outcome/s in your acquittal.

Focusing on one intended outcome enables us to design our activity around the priority that we especially want to achieve. It is likely that over the course of delivering the activity, there will also be unexpected outcomes. This is great and valuable and can still be measured and discussed at the end of the activity. Designing an activity around too many outcomes can over-complicate things and/or dilute its focus.

The more evaluations you receive the better you can determine the success of your activity.

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Proposed Outcomes

What is the primary anticipated outcome for your proposed activity? *

- ☐ Wellbeing (physical and/or mental) improved
- ☐ Sense of safety and security increased
- ☐ Social connectedness enhanced
- ☐ Social differences bridged
- ☐ Feeling valued experienced
- ☐ Building capacity
- ☐ Increased access to beneficial networks and other resources
- ☐ Agency and/or voice is enabled

Select one social outcome to measure at the completion of your proposed activity.

How will you measure this outcome? *

- ☐ Structured interview: directly asking structured outcome questions
- ☐ Unstructured interview: storytelling about most significant change
- ☐ Questionnaire: written survey
- ☐ Focus group: a sample group to conduct in depth interview with
- ☐ Intercept survey: short interventions often in public spaces
- ☐ Observation: a statement based on something one has seen, heard or noticed
- ☐ Other:

What method/s of engagement will best suit the activity, participants, and your resources?

Who will you ask to provide this information? *

- ☐ Participants
- ☐ A proxy (people with knowledge of the participants i.e., parents, carers)
- ☐ An expert, staff or facilitator (people with knowledge about the activity type and intended outcomes)
- ☐ Other:

Activity Budget

* indicates a required field

How much funding are you seeking from Penrith City Council? *

Must be a dollar amount.

Sample Budget

Clear budgets help the grant assessors understand what you will be spending money on. Treat your budget as a roadmap for managing funds. Budgets should not be rushed and should match the proposal you have outlined in your grant application.

For budget support and other useful resources, see the Useful 'Resources' section of the Penrith City Council grants webpage.

Income Item

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Income Amount

Expense Item

(specify quantity)

Cost per Unit

Expense Amount

(attach quote if applicable)

Penrith City Council Grant

\$1910

Advertising - local newspaper ad x2 (¼ page)

\$250

\$500

(quote attached)

In-Kind Support

\$800

Advertising - flyers A4 design and printing x 50

\$4

\$200

Workbooks for participants x 25

\$6

\$150

Budget

Please provide all values excluding GST.

Income Item	Income Amount (\$)	Expense Item	Cost per Unit (\$)	Expense Amount (\$)
		Specify Quantity		Attach quote if possible

Budget Totals

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Total Income Amount *

This number/amount is calculated.

Total Expenditure Amount *

This number/amount is calculated.
Exclude GST*

File Upload

Provide any quotes or information to support budget.

Attach a file:

Participant Cost

If your proposed activity involves participants, will there be any costs associated for participants? *

- ☐ Yes
- ☐ No
- ☐ N/A if no participants

Will people need to pay to be part of your activity? Council supports no or low-cost activities for equity and inclusion.

If yes, please provide the amount (\$).

Must be a number.

Partial Funding

If your proposed activity only received part of the requested funding, could your activity still go ahead in some capacity? *

- ☐ Yes
- ☐ No

Sometimes Council is not able to provide all applicants with the full amount of funding requested. Please detail if your proposed activity could proceed with partial funding.

Minimum amount required for your proposed activity to go ahead (\$). *

Must be a number.

Please provide a short overview of how your proposed activity would change if you received partial funding. *

Payment Details

* indicates a required field

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If application is successful, the details provided in the section below are required for payment of funds. Should you have an auspice, answer questions with auspice details.

Please note, Council is not liable for lost payment due to incorrect details.

Council standard payments terms are 30 days from funding approval subject to all paperwork being filled out correctly and EFTSURE performing mandatory check with the company prior to being registered with Council as a supplier. Remittance advice will be emailed to the email address provided when the payment has been made.

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

If an auspice is engaged, details for auspice should be provided.

Supporting Documentation & Declaration

* indicates a required field

Supporting Documentation

Attach a file:

Applicants must supply a copy of their Public Liability Insurance (PLI) for a minimum of \$10 million upon submission of the Application Form. If you have an auspice, you will need to provide a copy of your auspice's PLI. If you do not have PLI, you may use grant funds to cover the cost of obtaining PLI. However, this must be reflected in the Application Form budget. Please also attach any other required supporting documentation including insurances, licenses and approvals.

Declaration

I declare that:

- The information contained in this application is true and correct.
- I am an authorised representative of the applicant, legally empowered to enter into contracts and commitments on behalf of the applicant.
- I have read, understood and agree on behalf of the applicant to abide with the Safe Communities - Domestic and Family Violence Grant guidelines.
- I am authorised by the applicant to submit this application.
- I give consent to Penrith City Council to make public the details of the applicant and the funding received, should this application be successful.

I understand and agree to the declaration above *

- ☐ Yes
☐ No

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Full Name *

Position *

Application Date *

Must be a date.

Survey

* indicates a required field

How satisfied are you with the following:

1 = not at all satisfied, 5 = very satisfied

Information about grants e.g. grants webpage, grant guidelines etc. *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Community Funding Program *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Grants on offer.

Application Form *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Did you attend a grants writing workshop offered by Council? *

☐ Yes
☐ No

Did you discuss your idea with a Council officer? *

☐ Yes
☐ No

How satisfied were you with the support from the Council Officer? *

☐ N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How did you hear about Penrith City Council's grants? *

☐ Council website
☐ Network/Interagency
☐ Word of mouth
☐ Social media

Select one only.

Would you apply for another Penrith City Council grant? *

☐ Yes
☐ No

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Do you wish to receive email correspondence on Council matters which may or may not include grants? *

- ☐ Yes
- ☐ No

Additional Comments

Please Contact Council

* indicates a required field

Based on your answers to previous questions you are not eligible to apply for this grant or your proposed activity is ineligible. Please get in touch with Penrith City Council to discuss your applicant type and/or proposed activity. Community Safety team 4732 7777 or community.safety@penrith.city. *