

* Required before final submission

Welcome to FRRR's online application form for the Back to School Program 2020.

Tips for using the Grants Gateway BTS online application form:

- To assist in managing versions and to reduce the risk of losing work if an internet connection times out, we recommend preparing your application content in a Word document and then transferring your final application content to this Grants Gateway form. Please [click here](#) for a print friendly version of this application form.
Working offline also makes it easier for multiple people to work on an application before entering your application into Grants Gateway for submission.
- Remember to continually save your work in the online form as you move through the sections.
- Please refer to the BTS Guidelines for further tips and information to support you to complete the application.**
- As always, if you require assistance to complete this online application form, the friendly FRRR staff are only a phone call away on 1800 170 020.

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Back to School Program 2020
Opens Tuesday, 1 October 2019, closes 5pm AEDT, Tuesday 29 October 2019

The Foundation for Rural & Regional Renewal (FRRR) will again be running the Back to School (BTS) Program for the start of the 2020 school year. The program involves the distribution of \$50 vouchers to rural, regional and remote children and their families. The vouchers are redeemable for items such as school uniforms, clothing, shoes, school bags and stationery items.

How to complete this section:

****Does your organisation, the group delivering the project, have an ABN or Inc number?**

If **YES**, please complete part:

- A. Legal organisation - provide information about **your local group**
- B. Delivery organisation - leave this blank

If **NO**, please complete part:

- A. Legal organisation - provide information about **the organisation partnering with your group / your head office / governing body**
- B. Delivery organisation - provide information about your local group

A. Legal Organisation

Organisation - Name and Address

* What is the legal name of the organisation?

* Postal address Line 1

Postal address Line 2

* Town * State * Postcode

- Select One -

Organisation - Legal & Tax Status

Please click on this link from the Australian Government ABN Lookup site to complete the following organisation details [ABN Lookup](#)

* Is your organisation registered with an ABN?	Organisation ABN Format: XX XXX XXX XXX
<input type="checkbox"/>	<input type="text"/>
* Select Organisation Entity type, as per your ABN Lookup	* Is the organisation registered for GST?
<input type="checkbox"/> - Select One -	<input type="checkbox"/>
* Does your organisation hold any of the following? Select all that apply.	
<input type="checkbox"/> ACNC <input type="checkbox"/> DGR1 <input type="checkbox"/> DGR2 <input type="checkbox"/> DGR4 <input type="checkbox"/> TCC <input type="checkbox"/> N/A	
* Is your organisation an Incorporated Association?	If yes, what is the Incorporated Association number?
<input type="checkbox"/>	<input type="text"/>
* If yes, which State / Territory authority is your organisation registered with?	
<input type="checkbox"/> - Select One -	

Organisation - Head of Organisation

These contact details should reflect the person who is the head of the organisation (e.g Chair, President, CEO) as they MUST authorise the application, NOT a subcommittee Chair, Secretary, Treasurer or Program Manager.
Important: Our correspondence regarding the outcome of your application will be sent here. If your application is successful, we will request Electronic Funds Transfer information from the contact listed here.

* Title	* First name	* Last name
<input type="checkbox"/> - Select One -	<input type="text"/>	<input type="text"/>
* Position held		
<input type="text"/>		
* Bus. Hrs Phone No.	* Mobile No.	* Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation - Project Contact

This person will be contacted if we have any questions about your project / application.

Title	First name	Last name
<input type="checkbox"/> - Select One -	<input type="text"/>	<input type="text"/>
Position held		
<input type="text"/>		
Bus. Hrs Phone No.	Mobile No.	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation - Overview

* In what year was your organisation founded?	* Current number of employed staff
<input type="text"/>	<input type="text"/>
* Current number of volunteers	* Current number of committee members
<input type="text"/>	<input type="text"/>

Provide a brief overview of your organisation.

If you do not have a website, please provide a brief overview of your organisation. Mission, major programs / activities, users of your facilities, engagement with other community groups, key partnerships.

Organisation - Internet & Social Media

FRRR would like to link with your organisation through social media. Can you please provide us with the following, where applicable.

Website Address

Facebook Address

Twitter Handle

Important: Only complete Part B if you are partnering with an organisation who will receive and hold grant funds.

B. Delivery Organisation

Delivery Organisation - Name & Address

Organisation name

Postal address Line 1

Postal address Line 2

Town

State

Postcode

Delivery Organisation - Overview

In what year was your organisation founded?

Current number of employed staff

Current number of volunteers

Current number of committee members

Provide a brief overview of your organisation.

If you do not have a website, please provide a brief overview of your organisation. Mission, major programs / activities, users of your facilities, engagement with other community groups, key partnerships.

Delivery Organisation - Social Media Details

FRRR would like to link with your organisation through social media. Please provide us with the following, where applicable.

Website Address

Facebook Address

Twitter Handle

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Project Information

What, why, when, where, who and how of your project.

Project Title

BTS 2020 - General

* Please list the names of the schools and/or community organisations you anticipate working with to deliver the vouchers to students in need. Include the Town and State of the schools and/or community organisations in your list.

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* How have you identified areas of student disadvantage or level of need in your community? What is the evidence/data to support this?
e.g. ABS data local community data, [My School](#) data including ICSEA (Index of Community Socio-Educational Advantage) Student Family Occupation Index, other evidence to demonstrate need.

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Please detail how you will administer the distribution of the vouchers to meet the obligations of the Back to School guidelines?

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Please outline how you propose to gather the required information from each organisation that you distribute the vouchers to. As per the Back to School guidelines, your organisation will be required to provide a written report to demonstrate that the vouchers have been distributed. This reporting includes: number of vouchers distributed, names of schools and/or agencies involved in the distribution of the vouchers, and any feedback they may have received about the impact of the vouchers.

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In what towns will the vouchers be distributed?

Please tell us the following information about where the vouchers will be distributed. If distribution exceeds four towns, please use the "Additional locations" text box below.

* Town	* State	* Postcode	* Population
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>

Additional Locations

List the additional towns as per the format above, e.g. Town; Postcode; Population.

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Which Local Government Areas will this project cover?

Select, up to 4 Local Government Areas.

Please follow the two steps below to identify the Local Government Area(s) for the Project location(s) listed in the previous question.

1. Type in the Local Government Area into the search box and click search.
2. Select the Local Government Area from the drop-down menu.

- Select One -

- Select One -

- Select One -

- Select One -

Please list additional Local Government Areas here:

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Describe the main features of the community / communities where the vouchers will be distributed.

e.g. demographics, employment, community activities, and community networks / organisations, economics, and educational opportunities etc.

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Where relevant, please select the **most appropriate target group** options below:

*** Age Group**

- Children (4-12)
- Young people (12-24)

*** Gender**

- Female
- Male
- All Genders
- Gender Neutral

*** Does your organisation have policies and procedures regarding working with children, Working with Children Checks, and the handling of child abuse complaints?**

HOW will your project benefit the community?

*** Briefly describe the program's expected outcomes in your area?**

How will you know if your part in the Back to School program has achieved its aims and provided benefit.

Disaster or Emergency Response

*** Does your project relate directly to preparedness for or recovery from natural disasters, emergency management, or drought?**

If yes to the above Disaster or Emergency Response Projects question, please answer question below.

Which of the following best describes the focus of your project:

 <None>

- Introduction
- Organisation
- Project Information
- Funding Request
- Attachments
- Confirmation
- Review My Application

Printer Friendly Version | E-mail Draft

*** Required before final submission**

General Funding Request

Back to School vouchers are to the value of \$50. Vouchers can come from Target; a nominated local business such as a uniform or stationery supplier; or a mixture of both. Note that if you are requesting vouchers from a local business; you are required to speak with the business before submitting your application to ensure they are willing to be part of the program.

Based on the level of need you have identified in your community, how many vouchers is your organisation requesting?

A: If you want to use **Target** vouchers, how many vouchers are you requesting?

Please enter number of total Target vouchers your organisation is requesting and click on one of the calculators in this section to update/refresh calculations.

NB: The value of voucher fields are **READ ONLY**, which is calculated on number of voucher fields.

Total Request for Target vouchers

No. of Target vouchers

Value of Target vouchers

0.00

Click on one of the calculators above to update / refresh calculations.

B: If you want to use local business vouchers, how many are you requesting?

Please enter the number of total local business vouchers your organisation is requesting and click on one of the calculators in this section to update/refresh calculations.

NB: The value of voucher fields are READ ONLY, which is calculated on number of voucher fields.

Total Request for Local Business vouchers	No. of Local Business vouchers	Value of Local Business vouchers
	<input type="text"/>	0.00

Click on one of the calculators above to update / refresh calculations.

If you are requesting vouchers from a local business (not Target), you will need to provide details of the preferred local store. Download this [Local Business Form](#), complete and upload in the Attachments section of this application form.

C: Click the calculators in this section to update totals.

These fields are READ ONLY, calculated on Section A and B.

Based on sections A and B, the total number of vouchers you are requesting is;

Totals (Target + local business)	Total No. of vouchers	Total value of vouchers
	0	0.00

Click on one of the calculators above to update / refresh calculations.

If this section reflects the correct value, please enter the **Total value of vouchers** in section D.

D: Total dollar value of vouchers to be provided through the General Funding component.

Please enter whole dollars and numbers only (no commas, decimal points or \$ signs)

*** Total Request Amount (Total value of vouchers)**

(Target + local business)

Balance - Section C less Section D

Please note: Total value of vouchers must equal Total Request Amount therefore balance should be zero.

0.00

Click on one of the calculators above to update / refresh calculations.

[Introduction](#) [Organisation](#) [Project Information](#) [Funding Request](#) [Attachments](#) [Confirmation](#) [Review My Application](#)

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Please attach the following documents for this application below

Partnering Organisation Letter of Support

Organisations that are partnering with another group responsible for receiving and holding the grant funds **must** attach a Letter of Support for this project from the partnering organisation.

Letter of support:

Browse for the document and upload here. Please note files can be no larger than 10MB.

Browse...

Organisations that are seeking local business vouchers, will need to upload the [Local Business Form](#) here.

Browse for the document and upload here. Please note files can be no larger than 10MB.

Browse...

Financial Attachments

Legal Organisation Financials (the organisation associated with this application who have an ABN or Incorporation number)

Please read the following carefully:

- * **For organisations who have audited financials:** Attach the most recent annual audited statements.
- * **For organisations that do not have audited financials:** Attach most recent 12 months Income and Expenditure Statement. If you have a Balance Sheet, please also submit.
- * **For organisations less than one year old:** Provide bank statements for the period you have been operating. [i](#)

Browse for the document and upload here. Please note files can be no larger than 10MB.

Additional Financial Documents [i](#)

Browse for the document and upload here. Please note files can be no larger than 10MB.

Additional Financial Documents [i](#)

Browse for the document and upload here. Please note files can be no larger than 10MB.

We assess your financial documentation to confirm that you are able to deliver the grant project. Where relevant, please provide a brief explanation of any large financial surplus, or current assets and tell us why FRRR funds are still required. If relevant, please explain any deficits and steps to sustain the organisation financially.

[Introduction](#) [Organisation](#) [Project Information](#) [Funding Request](#) [Attachments](#) [Confirmation](#) [Review My Application](#)

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Back to School Funding Program Application Confirmation Statement

I confirm that this application is made with the knowledge and approval of the head of the organisation, and endorse this application and agree to the following conditions:

- Acknowledge and understand that if successful my organisation may not receive the total number of vouchers requested.
- Acknowledge and understand that, if successful, vouchers will be forwarded to your organisation for distribution in early 2020. Vouchers are to be distributed in Term 1, however a small number of cards may be held over for winter uniform requirements.
- Acknowledge and understand that, if successful my organisation will administer the program at their own cost.
- Acknowledge and understand that, if successful my organisation will not receive the vouchers until January 2020, subject to the completion and return of additional paperwork.
- Acknowledge and understand that if successful, any vouchers received through the Back to School Program will be distributed to students in greatest need in our community, with one voucher per student.
- **Acknowledge and understand that the outcome of this application will be notified by Friday 29 November 2019.**

* I have read and agree to the above

* Name of authorised person completing this certification

* Position

* Date