Kolkata Direct Aid Program Application Form

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the DAP guidelines sent to you on email.

This application form should be read in conjunction with information on the Direct Aid Program available at - https://www.dfat.gov.au/people-to-people/direct-aid-program/pages/direct-aid-program

Incomplete applications and/or applications received after the closing date will not be considered.

If the project involves working with children, the organisation must have a current child protection policy or code of conduct to be eligible. For information on DFAT's child protection policy, see https://www.dfat.gov.au/international-relations/themes/child-protection/Pages/child-protection

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

All applications should comply with the latest Foreign Contribution (Regulation) Amendment Rules.

If you have any questions in regards to these eligibility criteria, please contact acg.kolkata@dfat.gov.au

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the program guidelines
- is able to demonstrate alignment between their project and the aims of the Kolkata Direct Aid Program
- is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- is located in India
- is able to demonstrate financial viability
- does not owe any reports or money to the Consulate-General in Kolkata as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant

P	lease	sel	ect	hel	ow:	*

○ Yes○ NoYou must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>.

Applicant Organisation Details

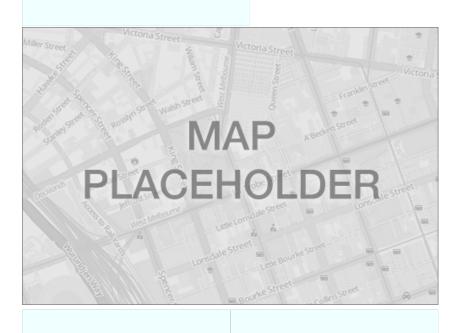
Applicant organisation name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant Primary Address *

Address



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

Applicant Postal Address

Address

Address Line 1, Suburb/Town, and Country are required.

Applicant website	Must be a	URL			
Primary contact person *	Title This is the	First Nam	_	Last Name	about this grant
Position held in organisation *	e.g. Manag	ger, Board	Member, I	undraising	Coordinator
Primary phone number *					
Back-up phone number					
Primary contact person's email address *	This is the grant.	address w	e will use	to correspoi	nd with you about this
Organisation Details					
* indicates a required field					
What is your organisation's p	urpose oi	mission	? *		
Word count: Must be no more than 500 words.					
What type of not-for- profit organisation are you? *	 Comm Group Generation Generation Generation Generation Health Generation Health Generation Fearly 	al not- (i.e. none o-types ove) care not-	lobby gr	etion cal party / oup ssional	 Religious or faith-based institution Research body Social enterprise
Previous DAP Projects	O Peak be Please cho		tion that b	oest applies	to your organisation.

oject Name	Name and	Currency Type	Amount Funded	Dates
	Contact	1	Must be a number.	1
			Mast be a namber.	
Projects				
.,				
			n has received fund	
			more projects in the s implemented by y	
				•
Australian Hi our organisa	_	contact at least tv	vo of these donors t	o seek a reference
, car organisa				
ject Year/	Project Name	Donor	Contact Details	Funded Amount
e		Organisation		
		Name		
2018/19	eg. Establish 20	eg. Two Feet	eg. Mr Sandeep	eg. Rs 10,00,000
	SHGs in local village	Mission	Kumar, Director,	
			s.kumar@twofeetmi	SIOH.COIH
iect Deta	ils			
oject Deta dicates a requ				
dicates a requ	uired field	ord count:		
dicates a requ	uired field Wo Pro		ır project/program/init	
dicates a requ	uired field Wo Pro	ovide a name for you	ır project/program/init out not more than 7 co	
dicates a requ	uired field Wo Pro	ovide a name for you		
dicates a requ	uired field Wo Pro	ovide a name for you	out not more than 7 co	
licates a reque	uired field Wo Pro	ovide a name for you buld be descriptive b	out not more than 7 co	

Word count: Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu1 if you need some ideas about how to frame your response. Project Location					
Project Country *					
Location of Project *					
Objectives					
Which of the following are objectives of this project? *	□ Basic human rights / governance □ Child and Maternal Health □ Climate Change, environmental sustainability □ Community Health or Sanitation □ Conferences, Training, or Capacity Building □ Countering Violent Extremism (CVE) □ COVID-19 Recovery □ Cultural or sporting activities □ Democratic Governance/ Media/Human Rights □ Development in the areas of water management, science and technology, mining and energy, or education and research □ Disability Inclusion □ Disaster or humanitarian relief □ Economic Empowerment	empowerment of other vulnerable minority groups Infrastructure LGBTI community Maternal and Child Health Mental Health Minority and gender-issue Peace Building Poverty alleviation Rural Development or Agriculture Rural Development (electrification/solar) Rural Health Development			

☐ Economic Recovery	☐ Sport and recrea	tional
	projects	
□ Education (general)	☐ Sports for Develo	pment
☐ Education (Infrastructure)	☐ Stable, cohesive	and
	inclusive societies	
☐ Empowerment of women	☐ Support for vulne	erable
and girls: cultural, economic or social	groups (women and	girls)
☐ Food security or	☐ Support for vulne	erable
agriculture	groups (youth and/o	r people
3	with disabilities)	
☐ Gender equality	☐ Water, Sanitation	n and
,	Hygiene	
□ Health	☐ Youth Empowern	nent
☐ Health Security	□ Other:	-

Outcomes

Please tell us about the outcomes you expect to result from this initiative.

Outcomes are the changes you expect to occur for the beneficiaries of your initiative. Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation, (these are generally **immediate** or short-term outcomes)
- Actions, behaviour, change in policy (these are generally **intermediate** or medium term outcomes)
- Social, financial, environmental, physical conditions (these are generally **long-term** outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month); intermediate outcomes are those that fall between the immediate and long-term (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

If you need more help understanding what outcomes are, read the materials at www.ourcommunity.com.au/evaluation

List your initiative's anticipated outcomes in the following table. Leave blank any fields that do not apply to your initiative.

Anticipated Outcomes	Timeframe	Indicator
Outcomes are the changes that	See description above	What you will use to measure
you expect to occur as a result of	f	this outcome - e.g. "change in
your initiative. See information		teenage pregnancy rates from x
above.		to y"
	1	
	İ	

Measures of Success

How will you know if these outcomes have been achieved? *				
Word count: Describe three changes you will see if the expected outcomes of the project occur (150 words recommended)				
Please list direct and indirect beneficiaries you anticipate will or may be affected by your initiative.				

Outputs

Beneficiaries

What outputs are you expecting to produce through this initiative?

Outputs are the immediate, obvious, and (usually) countable changes a project/program generates. Examples would include the number of trees to be planted, the number of classes to be held, the number people expected to attend a training course, the number of possums to be treated for a disease, the number of volunteers to be engaged.

List your initiative's intended outputs, including approximate numbers (if possible), in the following table. Leave blank any fields that do not apply to your initiative.

Click "Add More" to insert additional lines.

Number	Service / Product / Activity	Timeframe
(Approximate, or leave blank if unknown)		e.g. over life of program; per annum; per month

Project timeline

What are the major steps / stages (i.e. milestones) involved in delivering your initiative?

Click "Add More" to insert additional lines.

Activity	Start Date (if known)	Finish Date (if known)	Location (if relevant)	Notes
e.g. planning; major activities; evaluation	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	(e.g. add address, suburb, region if known; otherwise type 'unknown' or 'not applicable')	Add explanatory notes if required

*
Will your project address gender inequality? O Yes O No O Don't know Answer 'yes' if your project/program is specifically designed to improve opportunities for people who identify as women and girls, or you think this may occur as a side-benefit to your initiative.
How will your initiative address gender inequality? *
What will you do to address gender inequality and what changes do you expect will occur as a result?
Consider the following in your response. Is your project/program designed to improve opportunities for people who identify as women and girls and/or as part of the LGBTQI+ community?
Sustainability
Will the project continue after the funding period is over? * Yes No If yes, how will you meet future and/or ongoing costs *
Word count: Please elaborate in not more than 100 words
Community Support
Does this initiative have community support? In particular, do the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing?
○ Yes ○ No ○ Don't know ○ Not Applicable Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.
What evidence do you have that this project/program has community support?
Go to the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu7 if

Risk Identification and Management

The global COVID-19 pandemic is still presenting challenges and constraints and might affect your capacity to deliver the desired outcomes of your project.

What are the challenges COVID-19 will present for your project and how will you overcome them? *				
Word count: Must be no more than 200 words.				
Describe how your project wil any risk mitigation measures.		ented taking ir	nto	account COVID-19 an
Word count: Must be no more than 200 words.				
Risks encountered in delivering	ng this proje			
☐ Child related risks☐ Environmental risks☐ Physical risks		□ Political risks□ Social Risks		
How will you work to overcom	e them? *			
Word count:				
Working with Children				
Contact with children is define or may involve contact with childrenature of the work environment.				
Direct Aid Program considers a ch	nild to be a po	erson under the a	age (of 18 years.
Will this project involve working with children or contact with children? *	○ Yes		O I	No
Do you have a child protection policy, procedure or guidelines?	○ Yes		O I	No
If Yes, attach a copy of the policy, procedure or guidelines *	Attach a file	:		

Kolkata Direct Aid Program Application Form

Budget in Indian Rupees

* indicates a required field

Currency Type *	○ INR - INDIAN RUPEE
Total Amount Requested	
*	What is the total financial support (Indian Rupees) you are requesting in this application?
Total Project/Program Cost *	What is the total budgeted cost (Indian Rupees) of your project?
Applicant's contribution *	The portion from total project cost contributed (Indian Rupees)
	by implementing organisaion?

Budget breakdown

Please provide an outline your project budget including details of all other confirmed sources of funding.

Provide clear descriptions for each budget item in the 'Expenditure'Description' column.

Use the 'Notes' column for any additional information you think we should be aware of.

Click "Add More" to insert additional lines.

Expenditu k est per Descriptio it em		Number of items	Total cost		DAP co ntributi		Notes
						contribution	on
	Amount in		Amount in	Amount in	Amount in	Amount in	
	Rupees		Rupees	Rupees	Rupees	Rupees	

Other project partners

If applicable, provide details for other partners/donors you are seeking to work with to deliver this project. Upload an itemised budget of the partner's contribution to the overall project cost.

Partner/donor details	Itemised Budget

Recurrent costs

Will the project have recurrent costs? *	○ Yes	○ No			
Explain how you will recover recurrent costs.					
Documentation					
If applicable, NGOs may provide additional background information about the project, including supporting documentation (eg. budget, training curriculums), photos (proposed building/farming site, classroom, sample product) etc.					
Attach a file:					
NGO Registration * Attach a file:					
Applications will not be processed if	this documentation	is not included			
FCRA approval certificate * Attach a file:					
Applications will not be processed if	this documentation	is not included			
Financial audited statement Attach a file:	1				
Financial Audited statement Attach a file:	2				

Applicant Capacity

* indicates a required field

Now that we know about your project/program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application. *

	t, facilities, pro bono or in-kind contr ct/program within the proposed time emonstrate your organisation's capa	ibutions, advocacy, etc.) lines. Provide information		
	Please provide a link to or at most recent Annual Report.	tach a copy of your		
	If you do not produce an annual with your most recent financial sa Profit and Loss Statement / Statement Performance and a Balance She Position).	statements (may include atement of Financial		
Upload files	Attach a file:			
	or			
Provide web link:				
Flovide web lilik.	Must be a URL			
Certification and Feedba	ack			
* indicates a required field				
Conditions of Funding				
As a condition of this DAP funding resources, including training, is p				
Accordingly, your organisation m provided by us does not, directly individuals or entities.	ust take all necessary steps to er or indirectly, contribute to any cr			
Does your Organisation directly or indirectly, contribute to any criminal, illegal or terrorist individuals or entities? *	○ Yes ○	No		
Certification				

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

l agree *	○ Yes		○ No			
Name of authorised person *		First Name senior staff member	Last Name , board member or	appropriately		
Position *	Position he	eld in applicant orgar	nisation (e.g. CEO, ⁻	Treasurer)		
Contact phone number *	We may contact you to verify that this application is authorised by the applicant organisation					
Contact Email *						
	Must be an email address.					
Date *						
	Must be a date					
Applicant Feedback						
You are nearing the end of the application process. Before you review your application and click the SUBMIT button please take a few moments to provide some feedback.						
Please indicate how you found ○ Very easy ○ Easy	d the onl	• • •		ery 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 us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.						