

# Kolkata Direct Aid Program Application Form

## Form Preview

### 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](mailto: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

#### Please select below: \*

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

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### Contact Details

\* indicates a required field

### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

### Applicant Organisation Details

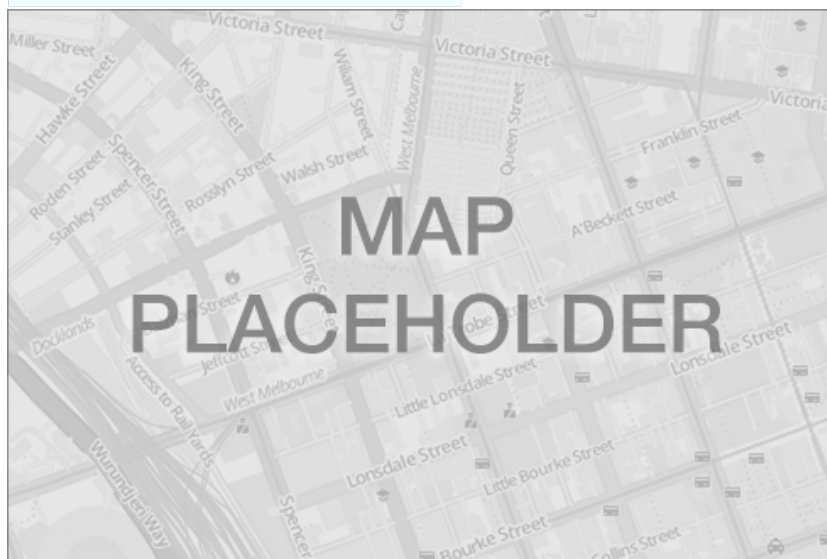
**Applicant organisation name \***

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.

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**Applicant website**

Must be a URL

**Primary contact person \***

Title First Name Last Name

This is the person we will correspond with about this grant

**Position held in organisation \***

e.g. Manager, Board Member, Fundraising Coordinator

**Primary phone number \***

**Back-up phone number**

**Primary contact person's email address \***

This is the address we will use to correspond with you about this grant.

## Organisation Details

\* indicates a required field

**What is your organisation's purpose or mission? \***

Word count:

Must be no more than 500 words.

**What type of not-for-profit organisation are you? \***

- |  |   |  |
|--|---|--|
| <input type="radio"/> Community Group  | <input type="radio"/> Philanthropic organisation    | <input type="radio"/> Religious or faith-based institution |
| <input type="radio"/> General not-for-profit (i.e. none of the sub-types listed above) | <input type="radio"/> Political party / lobby group | <input type="radio"/> Research body                        |
| <input type="radio"/> Healthcare not-for-profit  | <input type="radio"/> Professional association      | <input type="radio"/> Social enterprise                    |
| <input type="radio"/> Peak body  |   |  |

Please choose the option that best applies to your organisation.

**Previous DAP Projects**

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**Have you received DAP funding before? \***

☐ Yes

☐ No

If yes, list any projects previously done by this organisation through the Direct Aid Program

Project Name	Name and Contact	Currency Type	Amount	Funded Dates
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			Must be a number.	

### Past Projects

Provide details of five recent projects your organisation has received funding for and implemented. In case you have not completed five or more projects in the past, provide details for at least three recent and completed projects implemented by your organisation.

The Australian High Commission will contact at least two of these donors to seek a reference for your organisation.

Project Year/ Date	Project Name	Donor Organisation Name	Contact Details	Funded Amount
--------------------	--------------	-------------------------	-----------------	---------------

eg. 2018/19	eg. Establish 20 SHGs in local village	eg. Two Feet Mission	eg. Mr Sandeep Kumar, Director, <a href="mailto:s.kumar@twofeetmission.com">s.kumar@twofeetmission.com</a>	eg. Rs 10,00,000

### Project Details

\* indicates a required field

**Project title: \***

Word count:

Provide a name for your project/program/initiative. Your title should be descriptive but not more than 7 complete words

**Anticipated start date \***

**Anticipated end date \***

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

**Please provide a short summary of your initiative \***

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### 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? \*

- |   |  |
|---|--|
| <input type="checkbox"/> Basic human rights / governance  | <input type="checkbox"/> Inclusion and empowerment of Indigenous groups                |
| <input type="checkbox"/> Child and Maternal Health  | <input type="checkbox"/> Inclusion and empowerment of other vulnerable minority groups |
| <input type="checkbox"/> Climate Change, environmental sustainability   | <input type="checkbox"/> Infrastructure  |
| <input type="checkbox"/> Community Health or Sanitation   | <input type="checkbox"/> LGBTI community   |
| <input type="checkbox"/> Conferences, Training, or Capacity Building  | <input type="checkbox"/> Maternal and Child Health                                     |
| <input type="checkbox"/> Countering Violent Extremism (CVE)   | <input type="checkbox"/> Mental Health   |
| <input type="checkbox"/> COVID-19 Recovery  | <input type="checkbox"/> Minority and gender-issue                                     |
| <input type="checkbox"/> Cultural or sporting activities  | <input type="checkbox"/> Peace Building  |
| <input type="checkbox"/> Democratic Governance/ Media/Human Rights  | <input type="checkbox"/> Poverty alleviation   |
| <input type="checkbox"/> Development in the areas of water management, science and technology, mining and energy, or education and research | <input type="checkbox"/> Rural Development or Agriculture                              |
| <input type="checkbox"/> Disability Inclusion   | <input type="checkbox"/> Rural Development (electrification/solar)                     |
| <input type="checkbox"/> Disaster or humanitarian relief  | <input type="checkbox"/> Rural Health Development                                      |
| <input type="checkbox"/> Economic Empowerment   | <input type="checkbox"/> Skills development and economic empowerment                   |

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- |   |  |
|---|--|
| <input type="checkbox"/> Economic Recovery  | <input type="checkbox"/> Sport and recreational projects                                       |
| <input type="checkbox"/> Education (general)  | <input type="checkbox"/> Sports for Development  |
| <input type="checkbox"/> Education (Infrastructure)                                   | <input type="checkbox"/> Stable, cohesive and inclusive societies                              |
| <input type="checkbox"/> Empowerment of women and girls: cultural, economic or social | <input type="checkbox"/> Support for vulnerable groups (women and girls)                       |
| <input type="checkbox"/> Food security or agriculture                                 | <input type="checkbox"/> Support for vulnerable groups (youth and/or people with disabilities) |
| <input type="checkbox"/> Gender equality  | <input type="checkbox"/> Water, Sanitation and Hygiene   |
| <input type="checkbox"/> Health   | <input type="checkbox"/> Youth Empowerment   |
| <input type="checkbox"/> Health Security  | <input type="checkbox"/> Other: <input type="text"/>   |

## 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](http://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 you expect to occur as a result of your initiative. See information above.	See description above	What you will use to measure this outcome - e.g. "change in teenage pregnancy rates from x to y"

## Measures of Success

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**How will you know if these outcomes have been achieved? \***

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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.**

### Beneficiaries


### Outputs

**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	Who or What	Service / Product / Activity	Timeframe
(Approximate, or leave blank if unknown)	e.g. parents; trainees; trees; possums; books	e.g. trained in first aid; planted; provided treatment; delivered	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

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### Will your project address gender inequality?

☐ Yes ☐ No ☐ 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 you need some ideas about how to frame your response.

## Risk Identification and Management



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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 will be implemented taking into account COVID-19 and any risk mitigation measures. \***

Word count:

Must be no more than 200 words.

**Risks encountered in delivering this project \***

- |  |  |
|--|--|
| <input type="checkbox"/> Child related risks | <input type="checkbox"/> Political risks |
| <input type="checkbox"/> Environmental risks | <input type="checkbox"/> Social Risks    |
| <input type="checkbox"/> Physical risks      |  |

**How will you work to overcome them? \***

Word count:

## Working with Children

**Contact with children is defined** as working on an activity or in a position that involves or may involve contact with children, either under the position description or due to the nature of the work environment.

Direct Aid Program considers a child to be a person under the age of 18 years.

**Will this project involve working with children or contact with children? \***

☐ Yes

☐ No

**Do you have a child protection policy, procedure or guidelines? \***

☐ Yes

☐ No

**If Yes, attach a copy of the policy, procedure or guidelines \***

Attach a file:

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### 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 organisation?

### 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.

Expenditure Description	Cost per item	Number of items	Total cost	NGO Contribution	DAP Contribution	Third party contribution	Notes
	Amount in Rupees		Amount in Rupees	Amount in Rupees	Amount in Rupees	Amount in 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**

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### Recurrent costs

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**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 1**

Attach a file:

**Financial Audited statement 2**

Attach a file:

## 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. \***

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Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

### **Please provide a link to or attach a copy of your most recent Annual Report.**

If you do not produce an annual report, please provide us with your most recent financial statements (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

### **Upload files**

Attach a file:

or

### **Provide web link:**

Must be a URL

## Certification and Feedback

**\* indicates a required field**

### Conditions of Funding

As a condition of this DAP funding, your organisation must ensure that no support or resources, including training, is provided to any criminal, illegal or terrorist entity.

Accordingly, your organisation must take all necessary steps to ensure that funding provided by us does not, directly or indirectly, contribute to any criminal, illegal or terrorist individuals or entities.

**Does your Organisation directly or indirectly, contribute to any criminal, illegal or terrorist individuals or entities? \***

☐ Yes

☐ No

### Certification

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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.**

**I agree \***

☐ Yes

☐ No

**Name of authorised person \***

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (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 the online 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 us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

