

# 2021-22 ACT Adult Community Education (ACE) Grants Program Form Preview

## Introduction

Dear applicants

Welcome to the Skills Canberra online grant application service. Before commencing an application please read the 2021-22 ACT Adult Community Education (ACE) Grants Program Guidelines which are available at: <https://www.skills.act.gov.au/grants>

The ACT ACE Grants Program provides funding for the delivery of quality foundation skills training in accessible and inclusive community settings, to support Canberrans experiencing barriers to learning, training and work.

Please refer to the ACT Adult Community Education Grants Program Guidelines for further information about the application process.

If you have any questions about the program, please contact Skills Canberra on (02) 6205 8555 or email: [skills.projects@act.gov.au](mailto:skills.projects@act.gov.au)

If you are having difficulty in accessing the online application form or if an error occurs, please contact the Business Services Team on (02) 6207 1080 or email [EconomicDevelopmentBusinessServices@act.gov.au](mailto:EconomicDevelopmentBusinessServices@act.gov.au)

## Project Summary

\* indicates a required field

**Project title \***

**Short project description \***

Provide a short description of your project. Should your application be successful, this description will appear in the list of 2021-22ACE Grants projects on Skills Canberra's website.

**Total amount of ACE grants program funding requested (GST exclusive) \***

Must be a whole dollar amount (no cents).

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

**What type of project are you proposing? \***

- ☐ An Individual Project
- ☐ A Joint Project

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## Are you applying to provide accredited training? \*

- ☐ Yes  
☐ No, this project will be providing non-accredited foundation skills only

## Contact Details

\* indicates a required field

### Applicant

**Please note: The applicant refers to the 'applicant organisation' for individual projects and the 'lead organisation' for joint projects.**

#### Name of organisation \*

Organisation Name

#### Head of organisation \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Project contact person \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Phone number for project contact \*

Must be an Australian phone number.  
eg. 02 6207 0000 or 0410 000 000

#### Email address for project contact \*

Must be an email address.

*Should this application be successful, the name, phone number and email address of the project contact will appear in the list of 2021-22 ACE Grants projects on Skills Canberra's website.*

### Contact details for joint projects - Project Partner/s

#### Name of project partner organisation

Organisation Name

#### Head of organisation

Title      First Name      Last Name

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## Project contact

Title	First Name	Last Name

## Project phone number

Must be an Australian phone number.

## Project email address

Must be an email address.

## Please Note:

**If the Lead Organisation has more than one project partner, then this section of the application form can be repeated by pressing the button below "Add More".**

## Eligibility

\* indicates a required field

### Not-for-profit status

#### Are you a charitable or other not-for-profit organisation? \*

☐ Yes ☐ No

For more information visit <https://www.ato.gov.au/Non-profit>

### Physical presence in the ACT

#### Does your organisation have a physical presence in the ACT? \*

☐ Yes  
☐ No

Physical presence can be interpreted as having staff or members based in the ACT. Grant funded activities must occur in the ACT. The applicant organisation must have a physical presence in the ACT.

#### Address of applicant organisation \*

Address


eg: 1 Constitution Ave, City, ACT, 2601, Australia. If you need to use a PO BOX as an address, please select "Can't find address" in the drop down menu.

#### Applicant organisation's primary website

Must be a URL.

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## Australian Business Number (ABN)

### Applicant 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

## Joint Project Roles and Responsibilities

### Role in the project

**Please clearly detail your organisation's role, as lead organisation, in the project.**

**Clearly explain the partner's role and responsibilities in the proposed project.**

**Upload the completed, signed Project Partner Declaration Form.**

Attach a file:

The Project Partner Declaration Form is available on Skills Canberra's ACE Grants website <https://www.skills.act.gov.au/grants>

### Please Note:

**If the Lead Organisation has more than one project partner, then this section of the application form can be repeated by pressing the button below "Add More".**

## Auspicing Arrangements (for accredited training delivery)

An ACE Provider (who is not a not-for-profit RTO) can deliver accredited training through an auspicing (third-party) arrangement with an RTO. The RTO may be a not-for-profit RTO, a for-profit private RTO or a CIT.

The training and assessment is delivered by the RTO. The RTO issues the statement of attainment to participants and is responsible for the training and assessment meeting the national registration requirements of the Australian Skills Quality Authority (ASQA).

The ACE provider can only enter into an auspice training arrangement with an RTO that has the relevant training products on their scope of registration.

### Auspicing details

**If your organisation (or project partner, if applying for a joint project) is not an RTO, or does not have the relevant training products on scope, please describe the auspicing arrangements you intend to enter into with one or more RTOs.**

Please include the name of each RTO and the relevant training products on their scope of registration. Describe the arrangements for the delivery of both training and assessment. Also indicate whether the RTO has a Training Initiative Funding Agreement with Skills Canberra.

**Upload a letter of confirmation from each RTO with whom you have (or are planning to have) auspicing arrangements**

Attach a file:

The letter should confirm the status of the RTO's Training Initiative Funding Agreement, if applicable, and that they have the relevant training products on their scope of registration.

## Organisational Effectiveness

\* indicates a required field

### Please note:

In this part of the Application, the term 'Organisation' refers to:

- 1.the applicant organisation, if applying for an individual project
- 2.the lead organisation and/or project partners (a.k.a consortium member organisations), if applying for a joint project.

## Community engagement

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**Describe how your organisation effectively engages with and responds to its community or community of interest. \***

Prioritise information and supporting examples that are the most relevant to the community you anticipate will be the primary beneficiaries of this project. Examples include (but are not limited to) evidence your organisation: (1) has a committee of management that is accountable and responsive to the community or community of interest; (2) undertakes annual planning based on demographics, local knowledge, local input, and/or identified need; (3) has a governing body that includes representation from the community or community of interest that it serves.

**Additional evidence that supports your previous answer (optional)**

Attach a file:

## Adult community education focus

**Provide evidence that clearly identifies that adult community education is one of your organisation's key functions. \***

You may also wish to provide hyperlinks to your organisation's constitution, articles of association and/or statement of purpose, within which education is identified as a key function. Alternatively, you may upload copies of (or excerpts from) these, or other relevant, documents. Other relevant documents include (but are not limited to) a business or operational plan that clearly documents adult community education as a key function of the organisation and the actions to be undertaken that support the adult community education objective of the organisation.

**Additional evidence that supports your previous answer (optional)**

Attach a file:

## Capacity

*This section is about your organisation's capacity to implement quality ACE Grants Program projects. The ACE Grants Program requires the delivery of high quality adult education programs and services that meet the learning needs of people experiencing barriers to training and employment in our community. By quality adult education programs and services we are referring to:*

- *course design that aligns with the Foundation Skills Training Package (to ensure ACE courses are based on sound adult learning principles)*
- *the flexibility to choose and adjust learning activities to the needs of participants to achieve the desired training outcomes*
- *outcomes-based assessment and reporting (to measure whether ACE courses are having the intended positive outcomes).*

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**Describe your organisation's current capacity to implement quality ACE Grants Program projects. \***

Past performance

**Describe previous education and training courses your organisation has developed to address identified learning needs of the local community or a community of interest. \***

List previous projects in order of relevance to this application, starting with the most relevant.

**Describe adult education programs your organisation has delivered that met stated targets and outcomes. \***

Be sure to include the targets and outcomes. If you don't have quantitative data you may wish to supplement your answer with qualitative testimonials from previous participants.

**Briefly review your organisation's past approaches and the learnings gained. \***

## Project Effectiveness

\* indicates a required field

**From the list below, identify the main groups you anticipate your project will benefit. \***

- ☐ Universal - no particularly targeted group
- ☐ Aboriginal and Torres Strait Islander peoples
- ☐ Carers (unpaid)
- ☐ Mature-age people (45 years or older)
- ☐ Parents seeking to return to the workforce
- ☐ People from culturally and linguistically diverse backgrounds
- ☐ People living with disability
- ☐ People without post-school qualifications
- ☐ Recent veterans seeking to enter the civilian workforce

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- ☐ Seniors (60 years or older)
- ☐ Workers displaced due to an industry restructure
- ☐ Other:

Please tick more than one box if your anticipated participants identify with more than one group. For example, a person with a disability may also be of mature age. If your project is open to everyone, choose the first item, 'Universal – no particularly targeted group'.

## Identify the anticipated employment status of your project participants. \*

- ☐ Unemployed
- ☐ Underemployed
- ☐ Not in the labour force
- ☐ All of the above
- ☐ None of the above

## Describe the learning needs and barriers of your anticipated project participants.

\*

## Describe the strategies you will use to attract participants to your ACE project. \*

## Describe how participants will be supported to engage in the course/s and participate fully with the learning activities. \*

## Training and Learning Plan

The Training and Learning Plan Template is available on the Skills Canberra website at [www.skills.act.gov.au/grants](http://www.skills.act.gov.au/grants)

The Training and Learning Plan Template must be used. If you are offering more than one course to participants in your project, please use a separate template for each course. [Note: A 'course' refers to a series of structured activities, classes, workshops or training sessions designed to develop the foundation and work-ready skills of participants].

## Upload your Training and Learning Plan/s here. \*

Attach a file:

A minimum of 1 file must be attached.



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**How many participants is your project designed to cater for? \***

Must be a number.

## Relationships and networks

Please note if applying for a joint project: do not include the project partners you identified earlier in this application. This section is about your relationships and networks over and above those with your project partners.

**Provide evidence that your organisation can effectively liaise with other organisations who can support the project and the transition of participants into further training and/or employment. \***

Examples include (but are not limited to) evidence that your organisation has: (1) established partnerships, relationships and/or networks across the community, community of interest and government; or (2) the potential to establish partnerships, relationships and/or networks.

**Evidence of existing partnerships, relationships and networks.**

Attach a file:

You may wish to add strength to your previous answer by uploading letters from the other organisations confirming their support for your project.

## Risk management

**Upload your project's risk management plan identifying potential and known risks and strategies to mitigate these risks. \***

Attach a file:

## Budget and Value for Money

\* indicates a required field

**Provide a budget for your project activities**

You may wish to include financial contributions and/or in-kind contributions your organisation (and/or project partners, if applying for a joint project) can make towards achieving your project objectives.

Activity description	Your contribution (optional)	ACT Government contribution
(eg. ACT or Australian Government)	Must be a dollar amount.	Must be a dollar amount.
	\$	\$

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	\$	\$
	\$	\$

## Project plan summary

You may wish to use this table to assist the Evaluation Panel to better understand your project's structure and delivery timetable over the two years. Completing this table is recommended but not mandatory.

Activity description	Completion date	Grant contribution
	Must be a date.	Must be a dollar amount.
		\$
		\$
		\$

## List funding from sources other than Skills Canberra for activities proposed or related to this project. \*

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## You may wish to include further information to assist the Evaluation Panel in determining the extent to which value for money is a likely outcome of this project.

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For example, you may wish to clarify how the project design will leverage your organisation's existing resources.

## Certification

\* indicates a required field

### ***This must be completed by the applicant organisation.***

#### **I certify that:**

- ☐ I have read the ACT ACE Grants Program Guidelines and to the best of my knowledge this application is eligible under those criteria;
- ☐ My organisation is a not-for-profit organisation;
- ☐ My organisation has a minimum of \$10 million public liability insurance;
- ☐ My organisation's public liability policy includes volunteer workers insurance cover; (if my organisation is intending to engage volunteers)
- ☐ My organisation has worker's compensation insurance;
- ☐ I understand and accept that the ACT Government may be required to liaise with other organisations, including Australian Government departments, in relation to applications.

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- ☐ I understand and accept that should the application be successful, a formal agreement will need to be executed with the ACT Government prior to funding;
- ☐ I understand and accept that if the applicant organisation is offered funding, the project title, project outcome, total cost, total eligible expenditure and details of the grant support offered may be published by the ACT Government in material for the promotion of its programs or in reporting requirements to the ACT Legislative Assembly;
- ☐ I understand that, if the application is successful, grant payment/s will be made in accordance with the agreed payment schedule and conditions in the Deed of Grant.
- ☐ The information provided in this application, including attachments, is true and correct to the best of my knowledge; and
- ☐ I understand that I may be contacted by the ACT Government for additional information or supporting documentation.

## Certification \*

- ☐ Yes, I have read and agree to the above conditions.

## Name of authorised person \*

Title First Name Last Name

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

## Position \*

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Position held in applicant organisation (e.g. CEO, Treasurer).

## Day-time phone number / mobile number \*

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Must be an Australian phone number.

eg. 02 6207 0000 or 0431 000 000

## Primary email address \*

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Must be an email address.

## Date \*

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Must be a date.

## Privacy Notice

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in CMTEDD's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal or commercial information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

Select **NEXT** at the bottom of this page to **REVIEW** and **SUBMIT**.

