Child And Youth Inclusion Grant

* indicates a required field

The Child And Youth Inclusion (CAYI) Grant aims to support young people experiencing financial disadvantage to participate in formal education and recreational programs or activities.

There are 2 application types available:

Education & Pathway:

- Up to \$600 available
- For young people (up to 24 years old) transitioning to high school, higher education or into training to pursue career aspirations who do not have the financial means to purchase required materials and equipment, or cover course fees.

Recreation:

- Up to \$200 or 75% of fees (whichever lower)
- For young people (5-18 year old) to participate in recreational activities (e.g. school camps, sporting, creative, wellness and hobby activities) who do not have the financial means to pay for compulsory fees and/or uniform.

PLEASE NOTE: If approved, Council will pay the service provider directly for item or services on receipt of invoice; not the applicant, parent or guardian.

Who is applying for this grant? *

- Applicant (Child or Young Person)
- Parent or Guardian
- Professional support worker

Which funding category/ies is the applicant applying for? *

| | Education & Pathway: For young people (up to | 24 years old) | transitioning to | high school, |
|-----|---|---------------|------------------|--------------|
| hia | her education or into training to pursue career a | aspirations. | | |

☐ Recreation: For young people 5-18 years old.

At least 1 choice must be selected.

Please note the age brackets associated with each funding steam

Privacy Statement

The personal information collected on this application form is collected by Frankston City Council for the purposes of assessing eligibility for funding, and the management of any community grants funding provided. Frankston City Council may also use the personal information to distribute mail of interest such as: events, information and other funding opportunities, however, will not otherwise disclose the personal information to any other party without your prior consent or as required by law. You are able to access the personal information that Frankston City Council holds about you, and to request that it be corrected by phoning the Freedom of Information Officer on 1300 322 322.

Terms and Conditions

- Applicants are expected to read and understand the grant guidelines before applying
- Eligibility for funding does not guarantee an application will be granted. Council has full discretion on funding decisions and these are final
- Child And Youth Inclusion Grant is limited to the amount of funds allocated in Council's annual budget
- Allocation of funds to an applicant for any purpose in any year must not be taken as a commitment by Council for funding in a subsequent year
- Only one application per funding stream, per financial year, per applicant, will be accepted.
- Each application will be considered on its own merits
- All applicants and recipients of the grants under the Community Grants Program must abide to the Council's <u>Community Grants Policy</u> (open in a separate tab)

Successful recipients must:

- Agree the grant is paid directly to the provider, not the applicant, parent or guardian
- Cover all other costs associated with the proposed activity. Council's contribution will be limited to the amount granted
- If applicable, must make application and obtain Council's approval of any significant substantial changes to their funding activity or reporting requirements (extension to deadlines). On request, Council officer can attach a Grant Variation Request form to your application via SmartyGrants.

Service providers are:

- Expected to invoice Council and acquit the funding within 12 months of that same financial year or before a new round of the same grant
- Required to comply with all relevant child safety legislation which may include, but is not limited to, The Victorian Child Safe Standards (2022) and The Child Wellbeing and Safety Act (2005). Council *may* request evidence of compliance. If you are unsure about your responsibilities in relation the Victorian Child Safe Standards visit https://ccyp.vic.gov.au/child-safe-standards/ (open in a separate tab).

Grants Cancellation

Grants will be cancelled and requested to be returned to Council if:

- False or misleading information is provided by the applicant.
- The applicant withdraws from the activity.
- The applicant is not undertaking the activity as expected; and/or
- The activity has been cancelled.

Acceptance

| Do | you accept these terms and conditions of the grant? * |
|---------|---|
| \sim | Yes No (ineligible) |
| \circ | ito (mengibie) |

Ineligible

To apply for this grant, you must accept the grant conditions written above.

Please contact the Community Grants & Networks Unit on 9784 1035 or <a href="mailto:em

Applicant Information

* indicates a required field

| Applicant (Child or Y First Name | oung Person's Nam Last Name | e) * |
|---|---|---|
| | | |
| Applicant Phone Nur | mber * | |
| Applicant Email * | | |
| Must be an email address | s. | |
| Date of Birth * | | |
| Must be a date. | | |
| Applicant's age (at t | ime of application) | * |
| Must be a number and be | tween 5 and 24. | |
| Downs, Langwarrin, Sk | on City area (Frankstor ye, Seaford, Sandhurs AFE / University locate (ineligible) | n, Frankston North, Frankston South, Carrum st)? ed in Frankston municipality |

Ineligible

Unfortunately, the answer provided indicates that you may not be eligible for this grant.

To be eligible for this grant you must either:

- · Live in Frankston municipality; or
- Study at a school / TAFE / University located in Frankston municipality

Please refer to the grant guidelines for more information regarding eligibility or contact the Community Grants Officer by <u>email</u> or calling (03) 9784 1035 before continuing.

Ineligible

Unfortunately, the answer provided indicates that you may *not* be eligible for this grant.

To be eligible for this grant you must either be:

- a young person transitioning to high school or higher education for the Education & Pathway funding stream (up to 24 years old), or
- 5 18 years old for the Recreation funding stream

Please refer to the grant guidelines for more information regarding eligibility or contact the Community Grants Officer by email or calling (03) 9784 1035 before continuing.

| Address of applicant (Must be Address | in Frankston City) * | |
|---|--------------------------|---------------------------|
| | | |
| | | |
| | | |
| Which educational institute do School, Chisholm TAFE, Monas | | ntly study at? (i.e. High |
| | | |
| Address of the educational ins | titute (Must be in Fran | ıkston City) |
| | | |
| Any, but at least one field is required. | | |
| What is the applicant's current studying? * | t year level at school / | what course are you |
| studying. | | |
| | | |
| Evidence of enrolment in educ from school, student ID, stude Attach a file: | | |
| Accord diffe. | | |
| | | |

Guardian or Parent Information

Central(open in a new tab).

If you are unsure of what documentation to provide in this section or unable to attach documents, please contact the Community Grants Networks Unit during business hours on 9784 1035 or email communitygrants@frankston.vic.gov.au. Please note that scanning and printing is available at Frankston City Libraries (open in a new tab) or Frankston Youth

| Relationship with applicant * Phone Number * Must be an Australian phone number. Email * Must be an email address. Financial Situation This grant is for children and youth experiencing financial disadvantage and are named of a Health Care or Pension concession card. Other supporting evidence of financial hardshi may be considered as part of the application on a case-by-case basis. |
|---|
| Phone Number * Must be an Australian phone number. Email * Must be an email address. Financial Situation This grant is for children and youth experiencing financial disadvantage and are named of a Health Care or Pension concession card. Other supporting evidence of financial hardshi |
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| a Health Care or Pension concession card. Other supporting evidence of financial hardshi |
| |
| Is the applicant experiencing financial disadvantage? * |
| YesNo (ineligible) |
| |
| Please choose the option that best describes the applicant's situation * Applicant is named on a Health Care or Pension concession card Applicant has Recommendation letter and other identification No evidence of financial barriers (ineligible) |
| Health Care or Pension Concession Card |
| Please attach a copy of your current Health Care Card or Pension Concession Card: * Attach a file: |
| |

If you are unable to attach documents, please contact the Community Grants & Networks Unit on 9784 1035 or communitygrants@frankston.vic.gov.au Please note that scanning and printing is available at Frankston City Libraries (open in a new tab) or Frankston Youth Central (open in a new tab).

Recommendation Letter and Identification

Please attach Recommendation letter from government agency, school, TAFE, University or Training provider or professional support service.

| Please attach Recommendation letter here * Attach a file: |
|--|
| Account a file. |
| Please attach copy of an identification document for the applicant (e.g. student card, drivers licence or passport) here * Attach a file: |
| If you are unsure of what documentation to provide in this section or unable to attach documents, please contact the Community Grants & Networks Unit during business hours on 9784 1035 or email communitygrants@frankston.vic.gov.au. Please note that scanning and printing is available at Frankston City Libraries (open in a new tab) or Frankston Youth Central (open in a new tab). |
| Ineligible |
| Unfortunately, the answer provided indicates that you may <i>not</i> be eligible for this grant. |
| To be eligible for this grant you must show that the applicant is experiencing financial barriers by: |
| Attaching Health Care or Pension concession card which names the applicant, or Providing Recommendation letter. |
| If you have any questions or would like to discuss eligibility for this grant, please contact the Community Grants Officer by emailing communitygrants@frankston.vic.gov.au or calling 9784 1035. |
| Previous Funding |
| Has the applicant previously received a CAYI Grant from Council between July 2024 to June 2025? * O Yes O No O Unsure |
| Which funding category was granted? * □ Education & Pathway (school book, uniform, laptop, work boots etc.) □ Recreation (Sport, dance, art, scouts etc.) |
| What did the grant purchase? * |
| |

Please note that applicants are ineligible if they are previous CAYI Grant recipients for the same category within the same financial year (assistance can be provided for more than one family member per financial year).

Education Pathway Information

* indicates a required field

Description

This funding stream supports young people (up to 24 years old) transition to high school, higher education or into training to pursue career aspirations if they do not have the financial means to:

- purchase required materials and equipment, or
- pay course fees.

If approved, Council will pay the provider directly for item or services on receipt of invoice, not the applicant, parent or guardian.

Providers must either have an ABN or willing to complete an ATO Statement by a Supplier form.

What item or service does the applicant want the CAYI Grant to financially support?

Please note: This grant **cannot be applied retrospectively** to fund purchases/activities that have already been paid for.

Avoid using ON SALE or discounted prices - the sale price will probably not be available when the Grants team come to purchase your item/s.

| Item / Service | Further Details | Provider / Retailer | Total Cost | Requested amount | Please provide evidence of the costs |
|--|---|--|-------------------------|--|---|
| (e.g. school books, school uniform, TAFE fees, laptop, work boots) | (e.g. uniform/ shoe size, course name, laptop model, unique code) | (e.g. school uniform shop, TAFE, JB HIFI, RSEA) | How much does it costs? | How much of the costs would you like the grant to fund? | (e.g. quote, invoice, screenshot) |
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |

Total Requested Amount

How we calculate the requested amount for this funding stream: Requested amount listed in the above table are summed up

The grant request amount for this funding stream is capped at \$600.

Reasonable delivery costs which may cause the purchase to exceed maximum funding will be considered on a case-by-case basis.

| Total requested amount \$ |
|--|
| This number/amount is calculated. What is the total financial support you are requesting in this application? |
| Benefits of the item/service |
| The item(s) or service(s) requested will support the applicant's: * Education Training Career Aspiration None of the above (ineligible) |
| How will the item or service support the young person to study, train or further their career goals? * |
| |
| Word count: Must be no more than 250 words. |
| Optional - other supporting information Attach a file: |
| |
| Has the applicant received any other funding for the requested item or service? * ○ Yes ○ No |
| Please tell us the source and amount of the other funding. * |
| |
| Recreation Information |
| * indicates a required field |
| Description |
| This funding stream supports 5-18 year olds to participate in recreational activities if they do not have the financial means to pay the associated fees. |
| What type of recreational activity does the applicant want to participate in? * □ Sports groups, ie. Basketball, rugby, netball, football, chess, tennis, martial arts club fees etc. □ Technology activities, ie. Coding workshops, robotics or STEM clubs. |

| □ Arts and crafts, ie. drawing, painting etc. □ Performing Arts, ie. lessons, drama works! □ Outdoor exploration Guides, school camping | Dance or music nops etc. n groups, ie. Scouts, | □ Wellness or fitness programs, ie. Swimming, yoga or mindfulness classes. (exception (exception)) □ Other: |
|---|--|---|
| | monies contribute to esson, workshop or gro m | |
| When will the item | or service be used? * | |
| ie. Fees for October - De games etc. | cember 2024, workshop 3 | -4 August 2024, football uniform for 2024-2025 club |
| What is the name of participate in? * Organisation Name | f the recreation grou | p that the applicant wants to join or |
| | | |
| Is the applicant: * O An existing member O Joining for the first | | |
| Which suburb is the Carrum Downs Frankston Frankston South Skye Sandhurst | group or club prima | rily located? * Frankston North Langwarrin Karingal Langwarrin South Other: |
| ○ Seaford | | |
| Club or Group's Con First Name | tact Person * Last Name | |
| Club or Group's Pho | ne Number * | |
| Club or Group's Ema | ail * | |
| Must be an email addres | S. | |

| Collibuisory Group of Club i ee. | Compulsor | v Group | or Club | Fees |
|----------------------------------|-----------|---------|---------|------|
|----------------------------------|-----------|---------|---------|------|

| Please note retrospectiv | e (already | completed) | activities | are ineligible | for funding. |
|--------------------------|------------|------------|------------|----------------|--------------|
| | - (| | | | |

| Please note retrospective (already completed) activities are ineligible for funding. |
|---|
| Please provide a description of group or club fees (e.g. Annual membership fee, Summer season registration fees, workshop fees, swimming lessons etc.) * |
| |
| Word count: Must be no more than 100 words. |
| Total cost of group or club fees * |
| \$ Must be a dollar amount. |
| Please attach evidence of group or club fees * Attach a file: |
| Evidence must clearly show the club/group name and the description and costs of fees (e.g. invoice, screenshot from website, email from club/group) |
| Compulsory Uniform |
| Please provide a description of the compulsory uniform * |
| |
| Word count: Must be no more than 100 words. |
| Total costs of compulsory uniform * |
| \$ Must be a dollar amount. |
| Please see attached evidence of compulsory uniform and its costs * Attach a file: |
| Evidence must clearly indicate that the uniform is compulsory and show a description and cost of the uniform (e.g. email from club/group, screenshot from website, invoice) |
| Total Requested Amount |
| |

How we calculate the requested amount for this funding stream: Activity costs and/ or uniform costs x 75%

The grant request amount for this funding stream is **capped at \$200.00**. If the calculated amount is more than \$200, the grant request amount is \$200.

| Total Requested Am | ount (75% of | costs | or Up to | \$200) |
|---------------------------|--------------|-------|----------|--------|
| \$ | | | | |

| This number/amount is c | alculated. | | | | |
|---|---------------------|---|--|--|--|
| Purpose | | | | | |
| How will this funding support the applica ☐ Keep healthy and physically active ☐ Improve mental health ☐ Reduce financial stress ☐ Increase social skills ☐ Increase confidence and independence | | cant (choose top 3 reasons) * Increase social and community belonging Build friendships Further career aspirations Build skills and abilities Other: | | | |
| ☐ Build teamwork skil At least 1 choice and no | - | be selected. | | | |
| Optional - other sup Attach a file: | porting information | | | | |
| | | | | | |
| Declaration and | Feedback | | | | |
| * indicates a required | field | | | | |
| Applicant Declara | ation | | | | |
| I declare that I am authorised to Information in this | nd correct | | | | |
| I agree: * O Yes | | ○ No | | | |
| * First Name | Last Name | | | | |
| i ii st ivaiiie | Last Name | | | | |
| Date of declaration | | | | | |
| Must be a date. | | | | | |
| Parent / Guardian | Declaration | | | | |
| I declare: • the information in the application and any attachment(s) is true and correct • I am authorised to complete this application on behalf of the applicant. | | | | | |
| I agree * O Yes | | ○ No | | | |

| Relationship with ap | plicant * | | |
|---------------------------------------|-------------------------|---------------------------|------------------------|
| | | | |
| * | | | |
| First Name | Last Name | | |
| | | | |
| Date of declaration * | k | | |
| | | | |
| Must be a date. | | | |
| Professional Supp | ort Worker | | |
| I declare: | | | |
| • The information in | n the application and a | ny attachment(s) is tru | e and correct |
| I have permission | | oronto/quardian (if the | annlicant ic under 10) |
| • i nave permission | from the applicant's p | arents/guardian (if the a | applicant is under 16) |
| l agree: * | | o. N | |
| ○ Yes | | ○ No | |
| Applicant's Profession | | r * | |
| First Name | Last Name | | |
| | | | |
| Organisation Name * Organisation Name | c | | |
| J | | | |
| | | | |
| Position * | | | |
| | | | |
| Phone Number * | | | |
| | | | |
| Email * | | | |
| Lindii | | | |
| Must be an email address | i. Le | | |
| Date of declaration * | ķ | | |
| | | | |
| Must be a date. | | | |

Feedback

You are now nearing the end of this form. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

| Ho | พ did you hear aboเ | ut Frankston City C | Council's Community | Grants Program? * |
|-----|-------------------------|-----------------------|----------------------|-------------------|
| | Community Grants & I | Network Unit | ☐ Community Centre | es |
| | Word-of-mouth | | ☐ Social Media | |
| | Community Grants Em | าail Alert | ☐ Council website | |
| | Frankston Youth Servi | ce | ☐ Frankston City Nev | ws (newspaper) |
| | School | | ☐ Frankston e-newsl | etter |
| | Recreational Club | | ☐ Other: | |
| | Frankston City Librarie | ≥ S | | |
| | w satisfied were you | u with the applicat | ion process: * | |
| | Very Satisfied | | | |
| | Satisfied | | | |
| | Neutral | | | |
| | Unsatisfied | | | |
| O | Very Unsatisfied | | | |
| | ease select any Cour | | | grant (optional) |
| | One-on-one support s | session with a Counci | l worker | |
| | Drop-in session | | | |
| ⊔ (| Other: | | | |
| | | | | |
| | | ala (a m# a m a 1) | | |
| An | y additional feedba | ck (optional) | | |
| | | | | |
| | | | | |
| | | | | |