**Digital Literacy for Older Victorians program**

*Application Form*

**(A) Contact details**

1. Name of organisation applying for funding

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ACFE Region or Regions the program will be available

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1. TOID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Postal address of organisation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact person for this application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you applying for funding as a consortium (circle)

Yes No

If YES details to be provided at Part C

**(B) Program details**

1. Program Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions regarding the proposed program (no more than 250 words per item):

1. Briefly describe the background, program implementation and strategy for attracting 150+ older Victorian learners that have not acquired digital literacy skills

|  |
| --- |
|  |

1. What are the anticipated outcomes for older Victorian learners? How will outcomes be measured?

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| --- |
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1. In which town/s and or city and suburb/s will the training to older Victorians take place?

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| --- |
|  |

1. How will the activities and/or outcomes be sustained beyond the funded duration of the program?

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| --- |
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**(C) Learn Local consortium/partnering arrangements**

**Complete if applying as a Learn Local consortium**

|  |  |
| --- | --- |
| **Learn Local consortium members names** | **Role in the program** |
|  |  |
|  |  |
|  |  |

**Complete if applying with a community partner(s)**

|  |  |
| --- | --- |
| **Community Partner(s) name** | **Role in the program** |
|  |  |
|  |  |
|  |  |

**(D) Program Budget**

Please complete the template below outlining the project budget.

|  |  |  |
| --- | --- | --- |
| **No.** | **ITEM** | **COST $** |
| **EXPENDITURE** | | |
| 1 | *E.g staffing* |  |
| 2 | *E.g operating expenses* |  |
| 3 |  |  |
| **TOTAL EXPENDITURE** | |  |
| **INCOME** | | |
| 4 | *E.g partner contributions (cash or in-kind)* |  |
| 5 |  |  |
| **TOTAL INCOME** | |  |
| **TOTAL PROJECT BUDGET** | |  |

**(E) Risk Plan**

Please complete the template below outlining all risks associated with the proposed project.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Risk | Likelihood of Occurrence | | | Consequences | | | Risk Control/Treatment |
| Low | Med | High | Low | Med | High |
| *e.g. Project running over budget* | *X* |  |  |  |  | *X* | *Monitor project expenditure on a monthly basis. Look at feasibility of using internal funds if required* |
|  |  |  |  |  |  |  |  |
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**(F) Applicant Declaration**

I state that the information provided in the application form and any attachments are to the best of my knowledge true and correct.

I understand that this is an application for funding under the ACFE Board’s **Digital Literacy for Older Victorians program** and may not necessarily result in funding approval or participation in the initiative.

I declare that I am authorised by the organisation named in Part A of the application to sign this Applicant Declaration on behalf of the organisation.

Signed: ……………………………………………….. Date: ………………………………...

Name: …………………………………………….. Position:………………………………..