
GRANT FUNDING PROPOSAL

Project Name:

OVERVIEW

Grant Funding for workforce training innovation is available to industry and training provider partnerships to improve the quality and relevance of training.

This template is for organisations to prepare and submit bids for funding across four interrelated WTIF categories:

- future growth sectors
- workforce training and skills development
- new training programs and methods
- applied research.

Grant funding is available for projects of varying size, duration and complexity and is capped at a maximum of \$5 million.

ELIGIBILITY

All applicants must demonstrate that they meet the WTIF eligibility criteria.

To submit a Grant Funding Proposal, a partnership or Consortia must be established at the point of submission, and evidence of the arrangement must be provided.

Refer to the WTIF Guidelines and associated Key Terms and Definitions document when preparing your proposal.

CONTACT

Who are the primary and secondary contacts for this Grant Funding Proposal?

PRIMARY

Provider/ organisation:

Given name: Family Name:

Position/ title:

Phone: Mobile:

Email:

SECONDARY

Provider/ organisation:

Given name: Family Name:

Position/ title:

Phone: Mobile:

Email:

GRANT FUNDING PROPOSAL

PARTNERSHIP

Structure

Who is the lead provider/ organisation in the partnership or consortium?

Training Provider Industry

What is the structure of the collaboration for this Grant Funding Proposal?

Partnership Consortia

Details

What are the details of the Partnership/ Consortia members?

TRAINING PROVIDER	INDUSTRY
Name:	Name:
Address:	Address:
TOID: ABN:	ABN:
Type of Provider: <input type="checkbox"/> TAFE	ACN:
<input type="checkbox"/> Learn Local	GST Registered? Yes <input type="checkbox"/>
<input type="checkbox"/> Private Provider	No <input type="checkbox"/>

CONSORTIUM	
<input type="checkbox"/> Not Applicable (Partnership Only)	<input type="checkbox"/> State Government:
<input type="checkbox"/> Local Government:	<input type="checkbox"/> Regional body:
<input type="checkbox"/> Dual Sector University:	<input type="checkbox"/> Research Centre:
<input type="checkbox"/> Community organisation:	<input type="checkbox"/> Not-for-profit organisation:

CONSORTIA MEMBER	CONSORTIA MEMBER
Name:	Name:
Address:	Address:
TOID: ABN: ACN:	TOID: ABN: ACN:
GST Registered? Yes <input type="checkbox"/> No <input type="checkbox"/>	GST Registered? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Details	Contact Details
Given name: Family Name:	Given name: Family Name:
Position/ title:	Position/ title:
Phone: Mobile:	Phone: Mobile:
Email:	Email:

Attach additional Consortia member details as required.

GRANT FUNDING PROPOSAL

EXECUTIVE SUMMARY

Project Name

What is the name of the project?

Facilitation support

What facilitation support activities have you engaged in or completed in the development of this Grant Funding Proposal?

- None Information session Consultation/ workshop Regional Advisor Support
- Other Seed Funding Activity: Scoping study
- Consultancy
- Research
- Workshop
- Other:

Attach evidence of deliverables accomplished as a result of Seed Funding Activity.

Overview

Complete the summary table to provide a high level overview of the project.

PROJECT ELEMENT	INFORMATION
Description	
Funding category(s)	<input type="checkbox"/> Future Growth Sectors <input type="checkbox"/> New Training Programs and Methods <input type="checkbox"/> Workforce training and Skills Development <input type="checkbox"/> Applied Research
Key innovation component(s)	
Duration of project as outlined in Project Plan	
What region(s) does this project target?	
Funding request	AUD\$ (GST inclusive)
Have you received funding for this project or a similar initiative in the past?	Yes <input type="checkbox"/> <i>If yes, provide details.</i> No <input type="checkbox"/>
What co-contribution is offered by each partner or consortium member?	

GRANT FUNDING PROPOSAL

ADDRESSING THE ASSESSMENT CRITERIA

1. Industry partnerships

CRITERIA	EXPLANATION/ DESCRIPTION
1.1 Partnership/ consortium	What formal relationship protocols and governance arrangements are in place? Are there any previous joint activities and outcomes from this partnership/ consortium? No <input type="checkbox"/> Yes <input type="checkbox"/>
1.2 Business participation	How will the business (industry partner) participate in the project?
1.3 Quality training delivery	What is the training provider's track-record of quality training delivery and the strength of relationships with industry and/ or enterprise?
1.4 New, emerging, and/ or priority growth industries.	How does your project support new, emerging and/ or priority growth industries as stipulated in the WTIF Guidelines? No <input type="checkbox"/> Yes <input type="checkbox"/>

Attach a Partnership Agreement or Memorandum of Understanding (MOU)

2. Economic and/or social impact

INFORMATION REQUIRED	ANSWER
2.1 Outcomes/ benefits	How will the project lead to increased employment and/ or productivity outcomes? What are the new service offerings?
2.2 Impact	How will the economic and/ or social impact be measured?

3. Innovation

INFORMATION REQUIRED	ANSWER
3.1 Problem and/ or opportunity	What is the nature and scale of the business need and/ or opportunity for innovation?
3.2 Response	How does the project respond to the identified problem and/ or opportunity?
3.3 Proposed outcomes	What are the proposed outcomes of the project? How will the outcomes drive innovation in workforce training and skill development and/or innovation in the training and TAFE system (e.g. a capacity for sector wide benefits)?
3.4 Risk management	How will the inherent risk of failure associated with innovation discovery be managed?
3.5 Best practice	How will insights and lessons learnt from the project be communicated to the training and TAFE system to improve knowledge and understanding of best practice?

GRANT FUNDING PROPOSAL

4. Student/ Learner

INFORMATION REQUIRED	ANSWER
4.1 Development and opportunities	How will the project lead to skill development and improved employment opportunities of the related workforce and individual learners?
4.2 Retention and completion	How will the project improve student retention and completion outcomes?

5. Value for money

INFORMATION REQUIRED	ANSWER
5.1 Value for money	What evidence is there that demonstrates why the project is good value for money?
5.2 Other funds	Are other funds being sought? No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If yes, how they will be used?</i>
5.3 Budget	What is the total budget and budget breakdown for the project, including any partnership or consortia member contributions, grant funding sought, and anticipated or secured grants from other funding sources?

Attach a comprehensive budget.

6. Capability and capacity to manage

INFORMATION REQUIRED	ANSWER
6.1 Project management	How will the project be managed? What project management planning and documents have been prepared? <input type="checkbox"/> Project Plan <input type="checkbox"/> Project management strategy <input type="checkbox"/> Governance structures and deliverables <input type="checkbox"/> Other
6.2 Prior experience	Do you have any prior experience completing proposals of similar size and or complexity? <i>If yes, provide details.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
6.3 Evaluation	How will the project be evaluated?
6.4 Capability building	What plans are in place for capability building, e.g. case studies of student response to training delivery methods, or lessons learnt on industry partnerships?

GRANT FUNDING PROPOSAL

Grant Funding proposals will be assessed in accordance with the WTIF Guidelines available at www.skillsfirst.vic.gov.au.

ATTACHMENTS

Mandatory

Please check to confirm you have included the mandatory attachments with your WTIF Grant Funding Proposal.

- Proposal Project Plan
- Comprehensive budget
- Partnership/ Consortia Agreement or MOU
- Governance structures and deliverables

Additional

Are there any additional attachments supporting your application?

- No Yes: Cost Benefit Analysis
- Seed Funding Deliverable(s) (provide details)
- Terms of Reference
- Project Evaluation Plan
- Other

DECLARATION

Please read all the statements below and check that you understand and agree.

Typing your name in the signature block below will be considered the equivalent of your signature.

Lead provider/ organisation

I, _____, declare that:

- I am the Authorised Officer of _____
- I have read and understood the WTIF Guidelines
- I authorise and consent the Department of Education and Training (DET) to refer this proposal (as necessary) to internal and external experts for assessment, reporting, advice, comment or for discussions regarding this and alternative or collaborative funding opportunities.
- The information contained in this Grant Funding Proposal is true and correct.

Signature

Date

Partner provider/ organisation

I, _____, declare that:

- I am the Authorised officer of _____
- I have read and understood the WTIF Guidelines
- I authorise and consent the Department of Education and Training (DET) to refer this proposal (as necessary) to internal and external experts for assessment, reporting, advice, comment or for discussions regarding this and alternative or collaborative funding opportunities.
- The information contained in this Grant Funding Proposal is true and correct.

Signature

Date

WORKFORCE TRAINING INNOVATION FUND



Consortia member

I, _____, declare that:

I am the Authorised officer of

The information contained in this Grant Funding Proposal is true and correct.

Signature

Date

Consortia member

I, _____, declare that:

I am the Authorised officer of

The information contained in this Grant Funding Proposal is true and correct.

Signature

Date

Consortia member

I, _____, declare that:

I am the Authorised officer of

The information contained in this Grant Funding Proposal is true and correct.

Signature

Date

Consortia member

I, _____, declare that:

I am the Authorised officer of

The information contained in this Grant Funding Proposal is true and correct.

Signature

Date

OFFICE USE ONLY

Date received

Initial Processing

DET Officer completing initial processing **Insert name of DET Officer**

Has the application been completed in full? **Yes** **No**

Do the applicants meet eligibility criteria as stipulated in the WTIF Guidelines? **Yes** **No**

Do the applicant(s) hold a current contract with SVTS? **Yes** **Insert details** **No**

Do the applicant(s) pass an initial check with Training Market Quality? **Yes** **No** **Insert details**

Has the relevant evidence been provided and/or attached? **Yes** **No**

Date submitted to Grant Funding Review Panel for assessment

Assessment

Grant Funding Review Panel **Insert names of the Grant Funding Panel Members**

Grant Funding Review Panel Delegate **Insert name of Delegate**

Grant Funding Proposal assessment form attached

Status of Grant Funding Proposal **Approved** **Insert amount approved**

Denied **Insert reason for denial**

Further Action required? **No**

Yes **Insert details**

Signature of Delegate

Date