



Australian Government

Department of Health and Aged Care

Play Our Way Program - Stream 2 Application

Submission Reference: **s47E(d)**

Application Information

The Play Our Way program will provide funding to create greater opportunities for women and girls to access, participate in and remain involved in sport and physical activity.

This Grant Opportunity will fund projects across two streams:

Stream 1: Facilities - single or multi-year funding to support new and upgraded facilities, playing areas or spaces for sport and physical activity, specifically for women and girls.

Stream 2: Participation and equipment - single year funding (with projects able to be delivered over multiple years) to support sustainable and enduring sport participation programs, and/or new or upgraded equipment, specifically for women and girls.

This Grant Opportunity aims to address participation barriers through safe, inclusive and sustainable facilities and programs that support the enduring engagement of women and girls in sport and physical activity.

Grant Round Administration

This grant round is being administered by the Department of Health and Aged Care.

Closing Date/Time

Applications must be submitted by **2:00pm Australian Eastern Standard Time (AEST) Monday 29 April 2024**.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current application form page to the 'Form Saved' page.

Note that the 'Save and Close' button will ask you to 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details. Optionally, you can access the saved form via the form open email received upon beginning the Application.


Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the <https://www.grants.gov.au/> ☐ and <https://www.health.gov.au/our-work/play-our-way-program> ☐ websites. Applications will be assessed using the process outlined in the Grant Opportunity Guidelines.


Note: Applicants will be notified of the grant funding outcome on completion of the assessment process.

Application Help

Information about the Application process is available on the <https://www.grants.gov.au/>  and <https://www.health.gov.au/our-work/play-our-way-program>  websites.

Applicants must submit any questions relating to the Program or this Application process in writing to Grant.ATM@health.gov.au . Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 0262895600
- Email to Grant.ATM@health.gov.au 

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where mandatory. Use the 'Upload File' button to select your file.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique using English language/characters and MUST not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting an application form

Upon starting the Application a 'Form Opened' email will be sent to the primary contact, which will include a link to the Application Form as well as a submission reference ID. This will enable the Applicant to access the form at any point in time.

Please note the form will no longer be accessible after two months of inactivity.

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Following electronic submission and completion of this Application Form, a message with your Submission Reference ID will appear on your screen. An email will be sent to the primary contact provided in the Application Form. A function is also available on the submission page to allow you to send a receipt email to the address of your choosing. Please save this email receipt for future reference and use it in all correspondence about this Application.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

National Relay Service (NRS)

The Department of Health and Aged Care uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office  website.

Privacy

The Department of Health and Aged Care, supported by the Community Grants Hub, uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on www.business.gov.au.

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Department of Health and Aged Care will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' Privacy Policy. The Community Grants Hub Privacy Policy and WCaG Accessibility Information and the Department of Health and Aged Care Privacy Policy should also be read and understood.

Use of Information

Your Submission Reference is:

s47E(d)

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 0262895600 or email Grant.ATM@health.gov.au.

Your email address *

s47F

Confirm your email address *

s47F

Use of Information

The Department of Health and Aged Care may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information collected as part of this Application may be used by the department or shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above and that you have read and acknowledged the Hub Privacy Policy, the Privacy Statement, and all relevant material (including the Grant Opportunity Guidelines) as they relate to the collection and handling of personal information.

☒ I agree *

Existing Grant Recipient

Is the Applicant an existing Grant Recipient? *

If you require assistance, please call 0262895600.

☐ Yes ☒ No

Applicant Details

Are you applying as a Trustee on behalf of a Trust? *

Note: The Trustee will enter into a Grant Agreement with the Department (should the applicant be successful).

☐ Yes ☒ No

Does the Organisation have an Australian Business Number (ABN)? *

You must respond to this question. For further details refer to <http://www.abr.business.gov.au/> ☐.

☒ Yes ☐ No

Enter the Organisation's ABN into the Australian Business Number (ABN) field and click the Validate ABN button to retrieve your registration details.

ABN *

21 633 540 566

Registration Number

633540566

Legal/registered entity name *

MACARTHUR FC LIMITED

If you have Business Names registered, you can select the relevant Business Name. If you have not registered your Business Name, you can either select "Same as Legal Entity" or "Other" in the "registered business name" field. If "Other" is selected, you will be asked to provide the Organisation's registered business name in another field that will become available.

Note: If the details displayed are out of date or incorrect, please update them now via the Australian Business Register website ☐ then re-enter and validate the ABN.

Business name of the Organisation *

Same As Legal Entity

Date of Registration

17 Jun 2019

State

NSW

Postcode

2567

☒ GST Registered - Checkbox is ticked if the Organisation is GST Registered.

☐ Registered as Charity - Checkbox is ticked if the Organisation is registered as a charity with the Australian Charities and Not-for-profit Commission (ACNC).

Does the Organisation have any of the following types of Incorporation Number: Australian Company Number (ACN), Registration Number, Indigenous Corporation Number (ICN), Incorporated Association Number (IAN)? *

Note:

An ACN (Australian Company Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). It is a unique identifier purely for companies incorporated under the Corporations Act 2001 of the Commonwealth.

A Registration Number is a form of Incorporation Number for a Cooperative that has been established and/or registered under the relevant legislation in the State or Territory in which they were formed.

An ICN (Indigenous Corporation Number) is a number issued by the Office of the Registrar of Indigenous Corporations under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 – CATSI Act.

An IAN (Incorporated Association Number) is a number given to an Incorporated Association that has been incorporated or registered under the relevant incorporated associations legislation in the State or Territory in which they were formed.

☒ Yes ☐ No

Enter the Organisation's Incorporation Number/s. *

ACN

633540566

ICN

Registration Number

IAN

What is the registered business address and main contact details of the Organisation?

The business address must be completed in full and not be a PO Box. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

Note: the address fields accept the characters of A to Z, 0 to 9, () , ' - / &, all other characters including carriage returns are not accepted.

Please note that if an Applicant selects 'Manually enter an address', the Department will use this non-validated address for correspondence.

Please input your address *

s47G

Main Telephone *

1800462855

Main email address *

s47F

Web address

www.macarthurfc.com.au

What is the postal address of the Organisation?

The postal address must be completed in full. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

Note: the address fields accept the characters of A to Z, 0 to 9, () , ' - / &, all other characters including carriage returns are not accepted.



Same as business address above

What is the Applicant's financial email address for the receipt of Department of Health and Aged Care payment advice should the Application be successful? *

The email address must be entered in a valid format without spaces (eg. example@business.com.au).


Payment advice includes Recipient Created tax invoices (RCTIs).

You must respond to this question. 350 character limit.

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Does the Applicant operate as not-for-profit? *

For eligibility requirements, refer to the Grant Opportunity Guidelines.

For further details about not-for-profit organisations refer to the Australian Tax Office website .

Select 'No' if the Applicant operates for profit.

Select 'Yes' if the Applicant operates as not-for-profit.

You must respond to this question.



Yes




No

Eligibility Requirements

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Community Grants Hub  website for further information.

Please note if you are applying as a Trustee on behalf of a Trust you must select the Trustee's entity type.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Company

Is the Applicant able to provide documentation to support the entity type? *

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

You must respond to this question.



Yes



No

Please provide your supporting documentation. *

asic_extract.pdf

Ineligible Entity Type *

Confirm your organisation is not one of the following ineligible entity types.

- international entity
- corporate Commonwealth entity
- non-corporate Commonwealth entity
- non-corporate Commonwealth statutory authority
- corporate state or territory entity
- non-corporate state or territory entity
- non-corporate state or territory statutory authority
- sole trader
- statutory entity
- partnership
- person
- school, TAFE, university
- parent and community councils.

To be eligible for this Grant Opportunity you must respond to this question.

☒ I Confirm

Unincorporated Association *

Are you applying as an unincorporated association?

If 'yes', provide proof of entity type by your 'legal parent' organisation.

If 'no', you are confirming your organisations entity type is not an unincorporated association.

Note: If you selected your entity type as an Unincorporated Association, you are required to provide proof of your legal parent as per the *Who is not eligible to apply for the grant: Unincorporated Associations* Section of the Grant Opportunity Guidelines.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

☐ Yes

☒ No

Funding Stream *

Confirm you are applying for Stream 2: Participation and Equipment.

Under this stream, funding is to support modifying and/or developing new, sustainable and enduring programs to reduce discrimination and inequality, and increase women and girls' participation in sport and physical activity.

Note: You can only submit one application per Stream for this grant opportunity. If more than one application is submitted, the application submitted latest, and within closing time and date, will progress to the next stage.

To be eligible for this Grant Opportunity you must respond to this question.

☒ I Confirm

National Redress Scheme *

Confirm your organisation or your project partner/s are not included on the National Redress Scheme's ☐ list of 'Institutions that have not joined or signified their intent to join the Scheme'.

The National Redress Scheme for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding.

Note: If your organisation, or your project partner is an organisation included on the National Redress Scheme's website on the 'list of institutions that have not joined or signified their intent to join the Scheme' your application will not proceed to the assessment stage.

To be eligible for this Grant Opportunity you must respond to this question.

☒ I Confirm

Workplace Gender Equality *

Confirm you, and if applicable, your project partner/s is/are not an organisation included on the Workplace Gender Equality Agency website ☐ non-compliant list.

Note: If your organisation, or your project partner/s are an organisation included on the Workplace Gender Equality Agency website on the non-compliant organisations list your application will not proceed to the assessment stage.

To be eligible for this Grant Opportunity you must respond to this question.

☒ I Confirm

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
 - the National Principles for Child Safe Organisations;
 - the Grantee's risk management strategy;
 - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
 - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.
- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

Note: If your proposed activity involves irregular or unplanned contact with children, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

You must respond to this question.

Please select the most appropriate option.

Level of contact with children

Contact with children is direct or an expected part of the proposed activity

Confirmation

I confirm Child Safe measures for direct/expected contact will be in place prior to activity start

Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below.

You may be contacted to provide more information and documentation in relation to these events.

- ☐ Governance Investigation of relevant person(s).
- ☐ Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- ☐ Bankruptcies of relevant person(s).
- ☐ Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- ☐ Litigation against relevant person(s) including judgement debts.
- or
- ☒ None of the above apply and there is no adverse information on any relevant person associate with this entity.

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below.

You may be contacted to provide more information and documentation in relation to these events.

- ☐ Governance Investigation of your organisation or related entities.
- ☐ Litigation or liquidation proceedings.
- ☐ A contract with your entity terminated by the other party.
- ☐ Contingent liabilities of a material amount.
- ☐ Overdue tax liabilities.
- ☐ Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- ☐ Any significant change in your entity's financial position not reflected in the financial statements provided.
- ☐ Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- ☒ None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents?

Note: You may be required to provide copies of the below documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *

☒ Yes ☐ No

2. Business plan and/or strategic plan. *

☒ Yes ☐ No

3. Risk management plan. *

☒ Yes ☐ No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

This field accepts the characters of A to Z, 0 to 9, () . , ' & - / \ @, all other characters including carriage returns are not accepted.

Development and Coaching Football program for CALD and Indigenous Women and Girls in the Macarthur and South West Region of Sydney

(Limit: approx 38 words, 250 characters)

130 characters of 250 used

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

The project aims to provide opportunities for girls and women, especially CALD and Indigenous, to participate in skill development sessions that will enable them to participate in football in their local community. The program will also assist in the recognition of those with higher skill levels that will enable them to receive higher-level skill development and coaching. It is aimed to enable girls and women involved in the program to participate at their highest level. This will ensure that the aspirations of those who wish to participate at the highest level will be fulfilled. The Macarthur and South Western Region is one of the most culturally diverse regions of Australia and the program also aims to encourage community development, recognition and inclusion in the broader community. The program will also provide opportunities for those female participants from Macarthur Magic (an organisation that caters for those with multiple disabilities to participate in Football)

(Limit: approx 150 words, 1,000 characters)

989 characters of 1,000 used

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this Project/Activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

☒ New South Wales

Project Location Address

What is the main location of your anticipated project?

Enter the address of the project location.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @, other characters and formatting are not accepted.

Location Name *

s47G

Please input your address *

s47G

Multiple Locations *

Will this project be delivered across more than 1 location?

If 'yes', write the address of the additional location/s in the textbox below.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @, other characters and formatting are not accepted.

- ☒ Yes
- ☐ No

Provide your response. *

s47G

(Limit: approx 150 words, 1,000 characters)

298 characters of 1,000 used

MMM Locations *

Which MMM ☐ location/s is your project located?

The Modified Monash Model (MMM) is how we define whether a location is metropolitan, rural, remote or very remote. The model measures remoteness and population size on a scale of Modified Monash (MM) categories MM 1 to MM 7. MM 1 is a major city and MM 7 is very remote.

You must respond to this question.

Please select the option/s that apply.

- ☒ MM1
- ☒ MM2
- ☐ MM3
- ☐ MM4
- ☐ MM5
- ☐ MM6
- ☐ MM7

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BY THE DEPARTMENT OF HEALTH AND AGED CARE

Funding Year *

Which financial year is your organisation seeking funding to undertake the project?

Projects may be funded from any single financial year. Project delivery may occur over a single or multi-year basis. Projects can be for both Participation and Equipment initiatives, or one component only.

Note:

- You will be asked to provide the amount of funding you are seeking across each financial year later in the application form.
- All co-contributions and other sources of funding must be listed in your program budget.

You must respond to this question.

Please select the most appropriate option.

- s47G
- 2024 - 2025
 - 2025 - 2026
 - 2026 - 2027

Multiple Grant Projects *

Are you receiving funding from another Commonwealth source for the same eligible grant activities as requested in this application?

If 'yes', you are confirming you are receiving funding from another Commonwealth source for the same eligible grant activities as requested in this application. We cannot provide a grant if you receive funding from another Commonwealth government source for the same eligible grant activities.

Note: The Play our Way program will complement and strengthen existing state and territory government activities to improve facilities for sport and physical activity and increased engagement of women and girls in sport and physical activity; and will not duplicate existing Australian Government-led community infrastructure and participation programs.

You must respond to this question.

Please select the most appropriate option.

- ☐ Yes
- ☒ No

Sport/s Type Part A (A to K) *

What are the primary sport/s or physical activity/ies that your project is targeting?

Note: Sport types are split across two questions. Refer to Sports Type/s A (A to K) and Sport Type/s B (L to Z).

You must respond to this question.

Please select the option/s that apply.

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☐ I have selected a sport under the question Sport/s Type B

☐ AFL

☐ Aircraft Sport

☐ Archery

☐ Artistic Swimming

☐ Athletics

☐ Badminton

☐ Baseball

☐ Basketball

☐ Billiards/Snooker/Pool

☐ BMX

☐ Bocce/Boules

☐ Boccia

☐ Bowls

☐ Boxing

☐ Calisthenics

☐ Campdraft

☐ Canoeing/Paddlesports

☐ Cricket

☐ Croquet

☐ Curling

☐ Cycling

☐ Dance Sport

☐ Darts

☐ Diving

☐ Dodgeball

☐ Dragon Boat

☐ Eight Ball

☐ Equestrian

☐ Fencing

☐ Fitness/Gym

☐ Floorball

☐ Flying Disc

☒ Football (Soccer)

☐ Gaelic Football

☐ Goalball

☐ Golf

☐ Gridiron

☐ Gymnastics

☐ Handball

☐ Hockey

☐ Hurling

☐ Ice Hockey

☐ Ice Racing

☐ Ice Skating

☐ Indoor Football/Futsal

☐ Jogging/ Running

☐ Judo

☐ Jujitsu

☐ Karate

☐ Kendo

☐ Kiteboarding

☐ Kung Fu – Wushu

☐ Other

Sport/s Type Part B (L to Z) *

What are the primary sport/s or physical activity/ies that your project is targeting?

Note: Sport types are split across two questions. Refer to Sports Type/s A (A to K) and Sport Type/s B (L to Z).

You must respond to this question.

Please select the option/s that apply.

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- ☐
- I have selected a sport under the question Sport/s Type A
- ☐
- Lacrosse
- ☐
- Modern Pentathlon
- ☐
- Motor Sport
- ☐
- Motorcycling
- ☐
- Mountain Bike
- ☐
- Muaythai
- ☐
- Netball
- ☐
- Orienteering
- ☐
- Outrigger Canoeing
- ☐
- Paddle
- ☐
- Petanque
- ☐
- Pilates
- ☐
- Polo
- ☐
- Polocrosse
- ☐
- Pony Club
- ☐
- Powerlifting
- ☐
- Roller Sports
- ☐
- Rowing
- ☐
- Rugby League
- ☐
- Rugby Union
- ☐
- Sailing
- ☐
- Shooting
- ☐
- Skate
- ☐
- Skateboarding
- ☐
- Skiing
- ☐
- Skipping
- ☐
- Snowboarding
- ☐
- Softball
- ☐
- Special Olympics
- ☐
- Sport Climbing
- ☐
- Squash
- ☐
- Strength Training
- ☐
- Surf Life Saving
- ☐
- Surfing
- ☐
- Swimming
- ☐
- Table Tennis
- ☐
- Taekwondo
- ☐
- Tai Chi
- ☐
- Tennis
- ☐
- Tenpin Bowling
- ☐
- Touch Football
- ☐
- Triathlon
- ☐
- Underwater Sports
- ☐
- Volleyball
- ☐
- Walking (Recreational)
- ☐
- Water Aerobics
- ☐
- Water Polo
- ☐
- Water Skiing/ Wakeboarding
- ☐
- Weightlifting
- ☐
- Wheelchair Basketball
- ☐
- Wheelchair Rugby
- ☐
- Wrestling
- ☐
- Yoga
- ☒
- Other

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Other Sport/Type *

Did you select 'Other' from the list of Sport/s Types in the questions above?

If 'yes' enter the name of the sport/s or physical activity/ies in the text box below.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ \$ %, other characters and formatting are not accepted.

- ☒ Yes
- ☐ No

Provide your response. *

Programs for Macarthur Magic. This is a sporting body that caters for Women and Girls, with multiple disabilities, who wish to participate in Football

(Limit: approx 38 words, 250 characters)

150 characters of 250 used

Anticipated Project Start Date *

What is the anticipated start date for your project?

Enter the date you anticipate your project to begin.

Note: Earliest indicative start date of grant activity August 2024.

You must incur the expenditure on your grant activities between the start date and end or completion date of your grant activity for it to be eligible.

You must respond to this question

Use the calendar icon or type in the field using the format dd/mm/yyyy

30 Sep 2024

Anticipated Project Completion Date *

What is the anticipated project completion date?

Enter the date you anticipate your project to be completed by.

As per the Project Period Section within the Grant Opportunity Guidelines, the maximum grant period is three years. You must complete your project by 30 June 2027.

You must respond to this question.

Use the calendar icon or type in the field using the format dd/mm/yyyy

26 Mar 2027

Priority Populations *

Which priority population/s is your project targeting?

As per About the Grant Program section of the Grant Opportunity Guidelines one of the intended outcomes of the program is to decrease the discrimination and inequality women and girls experience through increased participation, retention, engagement, and sense of belonging of women and girls in sport and physical activity in the community, with a focus on priority populations, and addressing intersectional disadvantage.

Priority Populations refers to women and girls who face disadvantage, such as those who:

- are culturally and linguistically diverse (CALD)
- are First Nations peoples
- live with disability
- reside in regional, rural and remote areas (MMM 3-7) ☐
- reside in a low socioeconomic area and/or
- identify as belonging to the LGBTIQ+ community.

If your project is targeting women and girls generally, select 'N/A'.

You must respond to this question.

Please select the option/s that apply.

- ☒ CALD
- ☒ First Nations
- ☒ Disability
- ☐ MMM 3-7
- ☒ Low socioeconomic
- ☒ LGBTIQ+
- ☐ N/A

Project Type *

Is your project related to participation, equipment, or both?

Examples of eligible Projects and activities are available under *Eligible Grant Activities: Stream 2: Participation and Equipment* in the Grant Opportunity Guidelines.

You must respond to this question.

Please select the option/s that apply.

- ☐ Participation Activities Only
- ☐ Equipment Only
- ☒ Both

Performance Indicators *

Confirm you understand your organisation will be required to provide baseline information with updated data during and after the project in line with the performance indicators in the *About the grant opportunity* section in the Grant Opportunity Guidelines.

Improvements in organisational delivery and participant experience of women and girls in sport and / or physical activity

Measures include:

- Subjective (e.g. participant surveys) assessments of the perceived quality, access/availability of, and experience with, as examples:
 - Sport and physical activity programs
 - Equipment and other supports

Measured before (baseline), during and after project, disaggregated by gender as well as priority populations.

Improvement in the quality of programs; and quality of support to access and remain engaged in sport and physical activity

Measures include:

- Increased satisfaction levels of women and girls with the accessibility and quality of programs, and the availability and quality of support to access and remain engaged in sport and physical activity (measured before (baseline), during and after project, disaggregated by priority populations).

Access to sport and physical activity

Measures include:

- Increased average number of hours women and girls access sport and physical activity, (measured before (baseline), during and after project, disaggregated by priority populations)
- Increased proportion of space (including prioritised space) used by women and girls (measured before (baseline), during and after project (disaggregated by priority populations)
- Increased number of women and girls participating in sport and physical activity (measured before (baseline), during and after project, disaggregated by priority populations and by whether new/existing participants).

Involvement of women and girls across all aspects of sport and physical activity

Measures include:

- Increased number/percentage of women and girls involved in roles including as Board members, coaches, officials, administrators, participants (measured before (baseline), during and after project, disaggregated by priority populations).

To be eligible for this Grant Opportunity you must respond to this question.



I Confirm

Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. *

New South Wales	
2024-2025 (exc GST) *	
\$	s47G
2025-2026 (exc GST) *	
\$	
2026-2027 (exc GST) *	
\$	
Total funding	
\$	1,000,000.00
Approx. % of Total	
	100

Summary

2024-2025 Total	
\$	s47G
2025-2026 Total	
\$	
2026-2027 Total	
\$	
Total funding	
\$	1,000,000.00

THIS DOCUMENT HAS BEEN RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH AND AGED CARE

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc.

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number *	Account number *
s47G	
Account Name *	
s47G	

You must attach verification documentation to verify bank account details. *

Bank verification must accompany all applications. The following information is required in order to verify the bank account details provided.

Acceptable verification documentation is a recent bank statement, issued in the last 6 months, in a pdf file type. The bank account must be in the name of the organisation applying for funding. The transaction details and balances can be hidden but the BSB, Account Number and Account Name must be visible.

You may be contacted by the Community Grants Hub seeking additional information to support the verification of your bank account details.

MFC LTD BANK DETAILS.pdf


Assessment Criteria

Assessment Criterion 1 *

Alignment with Grant Opportunity Objectives [25%]

Describe how the grant activity contributes to the objectives and outcomes of the grant opportunity as described in the *About the Program* Section of the Grant Opportunity Guidelines.

You should demonstrate this through identifying:

- how the activities proposed in your application align with the grant opportunity's objectives and outcomes, supported by available data, such as AusPlay .
- your understanding of local women and girls' unmet need in sport and physical activity
- your meaningful engagement with local women and girls
- how your proposed activities can address and reduce the discrimination, inequality and barriers for women and girls to access, participate and remain engaged in sport and physical activity at a local level, with a focus on priority populations
- how your proposed activities can promote safe, inclusive equitable and sustained access for women and girls to participate in sport and physical activity at a local level, with a focus on priority populations
- how you have understood women and girls' requirements and preferences for sport and physical activity facilities and national standards and guidelines to meet these.
- how your proposed activities demonstrate value for money.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ \$ %, other characters and formatting are not accepted.

s47G

(Limit: approx 900 words, 6,000 characters) 5,255 characters of 6,000 used

Assessment Criterion 2 *

Organisational capacity and project viability [25%]

Describe your organisation's capability to administer the grant activity.

You should demonstrate this through identifying:

- details of your organisation's relevant experience, skills, adequate infrastructure and resources to successfully implement and manage proposed grant activities. This may include reference to organisational capability as identified by the Australian Sports Commission's Game Plan ☐ platform.
- the viability of the project in terms of long-term impact and commitment to women and girls participation in sport and physical activity.
- how your organisation will sustain the project and its impact on supporting women and girls beyond the funding period.
- how your organisation will measure and evaluate impact during and beyond the funding period.

Along with your response to this criterion you must complete the activity work plan, activity budget and risk management plan (templates on GrantConnect). The activity work plan, activity budget and risk management plan do not count towards the character limit for this criterion.

Note: You will be asked to upload these attachments later in the form.

Note: If this grant application is being delivered by a consortium, provide detail of the consortiums capacity to administer programs in an efficient, outcome focussed manner and your experience working and communicating with the other participating organisations.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ \$ % , other characters and formatting are not accepted.

s47G

(Bulls In Schools)

(Limit: approx 900 words, 6,000 characters)

2,866 characters of 6,000 used

THIS DOCUMENT HAS BEEN RELEASED UNDER
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BY THE DEPARTMENT OF HEALTH AND AGED CARE

Assessment Criterion 3 *

Inclusion [25%]

Describe how your organisation, if successful in your grant application, will address discrimination and inequality, and drive gender equality in sport and physical activity at the community level.

In providing your response to this criterion you should include, but are not limited to:

- your organisation's policies, procedures and strategies that reflect:
 - fair and equitable access (e.g. facility schedules that include all training and competition times);
 - commitment to gender equity at all levels of the organisation;
 - inclusion;
 - cultural competency in working with First Nations peoples and communities;
 - member protection;
 - safeguarding;
 - anti-discrimination; and
 - harassment.
- your organisation's (and/or partnership's and/or consortia's) existing connection to, understanding of, and commitment to women and girls.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ \$ %, other characters and formatting are not accepted.

s47G

(Limit: approx 525 words, 3,500 characters)

3,147 characters of 3,500 used

Assessment Criterion 4 *

Strategic alignment and engagement [25%]

Describe how your grant activity aligns with local and national policies and programs and how your organisation will engage with key stakeholders.

In providing your response to this criterion you should include, but are not limited to:

- how your organisation/consortium can ensure effective delivery of the grant objectives and outcomes
- your organisation's/consortium's strategies to:
 - work with local government and the community, and
 - identify, engage and collaborate with relevant stakeholders.
- how your proposed activity will complement and/or amplify, and not duplicate, existing local initiatives.
- how your proposed activity aligns with local and other strategic plans, including for instance, measures associated with the *National Agreement on Closing the Gap* [□] and *National Strategy to Achieve Gender Equality* [□].

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ \$ %, other characters and formatting are not accepted.

s47G

Macarthur FC already delivers a number of community programs such as the Bulls in Schhols program aimed at primary school students,

(Limit: approx 525 words, 3,500 characters)

2,653 characters of 3,500 used

Additional Information

Consortium *

Are you applying as a lead organisation on behalf of a consortium?

If 'yes', please list the organisations included in the consortium below.

Note: Lead organisations of consortiums cannot submit a separate application. Consortium arrangements are strongly encouraged and in most instances required for larger scale projects and will be viewed favourably during the grant assessment process.

Note: If more than 20 organisations are included in your consortium you will be provided with a space to upload an attachment with the additional organisations.

You must respond to this question.

Please select the most appropriate option.

☐ Yes ☒ No

If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Consortium Letters of Support *

If you are applying as a consortium, attach evidence of letters of support from all members, and partner organisations (if applicable)

Each letter of support should include:

- Details of the partner organisation
- An overview of how the partner organisation will work with the lead organisation, and any other partner organisations in the group to successfully complete the grant activity
- An outline of the relevant experience and/or expertise the partner organisation will bring to the group
- The roles/responsibilities of the partner organisation and the resources they will contribute (if any)
- Outline how partners will demonstrate to the lead organisation that they comply with all Australian law relating to employing or engaging people who work or volunteer with children, in line with the Commonwealth Child Safe Framework, and
- Details of a nominated management level contact officer.

More information regarding consortiums can be found under *Joint (consortium) applications* Section of the Grant Opportunity Guidelines.

If 'no', you are confirming you are not applying as the lead organisation of a consortium.

Note: If you have multiple documents, scan together as one file.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

☐ Yes ☒ No



Co-Contributions *

Are there any confirmed co-contributions to the total cost of the project?

The grant amount will be up to 100 per cent of total project costs (noting that co-contributions will provide additional funding to whole-of-project costs), up to the maximum grant amount and only for eligible expenditure.

Whilst no minimum co-contribution is required, co-contribution are strongly encouraged and in most instances required for larger scale projects and will be viewed favourably during the grant assessment process.

Note: You will be required to provide evidence of any co-contributions later in the application form.

You must respond to this question.

Please select the most appropriate option.

☒

Yes

☐

No

If Yes, provide details of other contributions which will be relied upon to complete this Activity.

Please note that you may be requested to provide letters of support or other forms of evidence before your Application is considered further in the assessment process.



Attachments

Assessment Criterion 2: Attachment Pack *

Attach your completed attachment pack containing an activity work plan, an indicative budget that itemises all proposed activities and a risk management plan.

Note: This template is available on GrantConnect and does not count towards the word/character limit for Criterion 2.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[GO6763 - Play Our Way Program - Stream 2 Participation - Attachment Pack - AWP - Budget - MFCLT.xlsx](#)

Equitable Access Policy/Plan/Strategy *

Attach evidence of your organisation's equitable access policy/plan/strategy.

This may include:

- Examples of timetables and scheduling and priority for women and girls' sporting events and competitions.
- A plan / strategy that outlines how your project aims to provide equitable access to women and girls with details of participation times and equipment use.

Note: If you have multiple documents, scan together and attach as one file.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[MFC Equitable Access and Usage Policy Revision 3A.docx](#)

Co-Contributions (If Applicable)

Attach evidence of co-contributions to total project costs (if applicable)

Note: If you have multiple documents, scan together and attach as one file.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Board resolution stream 2.pdf](#)

Additional Attachments Part 1 (If Required)

Attach additional documentation you were unable to upload earlier in the form.

Note: You must attach supporting documentation to your application in line with the instructions provided within the application form. You should only attach requested documents. We will not consider information in attachments that we do not request.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Additional Attachments Part 2 (If Required)

Attach additional documentation you were unable to upload earlier in the form.

Note: You must attach supporting documentation to your application in line with the instructions provided within the application form. You should only attach requested documents. We will not consider information in attachments that we do not request.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

s47F

First Name *

s47F

Last Name *

Position *

Program Manager

Telephone *

1800462855

Mobile

s47F

Email address *

s47F

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

s47F

First Name *

s47F

Last Name *

Position *

Chairperson

Telephone *

1800462855

Mobile

s47F

Email address *

s47F

Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

☐ Yes

☒ No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Grant Opportunity Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receive a Recipient Created Tax Invoice (RCTI) for this funding, should this Application be successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Department of Health and Aged Care to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the *Electronic Transactions Act 1999 (Cth)*.

- ☒ I understand and agree to the declaration above. *
- ☒ I acknowledge that giving false or misleading information to the Department of Health and Aged Care is a serious offence under Section 137.1 of the *Criminal Code Act 1995 (Cth)*. *

Full name of Authorised Officer *	Position of Authorised Officer *	Date
s47F	Program Manager	27/04/2024

Program Feedback

How did you hear about the grant opportunity? *

Other

Did you read the grant opportunity guidelines? *

Before and during the application process

We welcome any additional feedback on the guidelines.

Your response is limited to 750 characters including spaces and does not support formatting.

(Limit: approx 113 words, 750 characters)0 characters of 750 used

How satisfied were you with the process of applying for a grant? *

Satisfied

We welcome any additional feedback on the application process.

Your response is limited to 750 characters including spaces and does not support formatting.

It would be better to have a blank application form available at the commencement of the application

(Limit: approx 113 words, 750 characters)100 characters of 750 used

Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours	Minutes
15	30

A copy of the receipt will be sent to: s47F