

## Group Work Grants Application Form

### Part A: Eligibility criteria

Please read **Part A** carefully before you proceed with the application and remember to contact FRMP should you require assistance / support.

- 1 Please confirm the following criteria are met as part of your Group Work planning:
  - ☐ The application meets FRMP'S funding guidelines, (young people are aged 16 -25 years and at risk of or are experiencing homelessness).
  - ☐ Group work is identified as a strategy to address issues in relation to family reconciliation or recovery from trauma related experiences.
  - ☐ The referring agency cannot obtain other financial support for the requested expenses
  - ☐ It is the responsibility of the agency to ensure that any additional staff meet the legal requirements to work with young people.
  - ☐ Payment for the group work will occur over 2 installments (the first at commenced & the second when the Group is completed).
  - ☐ Evaluation is compulsory at the end of the group work. The final payment will not be approved by FRMP if an evaluation is not submitted.
  
- 2 Have you accessed a FRMP Group Work Grant before?
  - ☐ No
  - ☐ Yes → when: \_\_\_\_\_ (Please note: one application per financial year)

**Part B: Details of group work Coordinator** (person responsible for planning and implementing this Group Work)

Organisation		
Program		
Name		
Job Title		
Contact number		
Work Email		
Work Address		
	<b>Suburb:</b>	<b>Postcode:</b>

### Part C: Group work details

3 Name of the Group

4 Aim of the Group

5 Objectives of the Group – briefly explain how the Group’s objectives are going to:

- Assist young people to remain or return home, if safe and appropriate
- Assist young people to explore options for family reconciliation or recovery from trauma related experiences
- Assist young people to build on their capacity to create ‘families of choice’

6 Proposed commencement date: .....

7 Proposed completion: .....

8 Proposed sessions:

	Date	Time Duration	Location	Session Plan
Session 1				
Session 2				
Session 3				
Session 4				

*NB: You can add to this table if necessary.*

9 If you have additional information to support this application, please include below:

10 Are any other workers or external specialists involved in the delivery of this Group?

- ☐ No
- ☐ Yes - please make sure that they have the relevant qualifications and legal requirements (working with children check & police check)

## 11 Proposed expenditure

Note: FRMP brokerage does not cover the wages for any internal agency staff

Items (some examples)	Cost (GST exclusive)
Venue hire	
Catering	
External speaker/s	
Materials	
Equipment hire or purchase	
Transport	
Childcare	
Other costs, please specify:	
<b>Total</b>	

## 12 Payment method

- First grant installment on commencement of the Group (via direct debit into your organisation's bank account) and
- Final payment will be made on completion of the Group, provided an **evaluation** and **all receipts** are submitted to FRMP.

## 13 Details of Organisation for payment:

Bank Name	
Account Name	
BSB Number	
Account Number	

## Part D: Details of group work participants

14 Please provide details of the Group Work participants below:

Name	DOB	Gender	Current living arrangement	Length of homelessness	Cultural identity

## Part E: Group work grant agreement

15 Please read and make sure you have fulfilled the criteria and understood your responsibilities by ticking the boxes:

- ☐ I am the worker responsible for the Group
- ☐ I have provided a clear aim and objective/s of the Group
- ☐ If I change my role before the Group Work is completed, I will notify FRMP in writing
- ☐ I understand I need to provide all receipts for reimbursement from FRMP. All unspent grant monies will be returned to FRMP.
- ☐ I will contact FRMP if any of the following occurs:
  - If the Group Work ceases
  - If the Group Work has not started within a month of the proposed commencement date
- ☐ I will ensure Melbourne City Mission FRMP will be acknowledged in all promotion of the Group Work
- ☐ I will ensure Melbourne City Mission FRMP will be acknowledged, if the Group Work results in any public exhibitions and or publications / reports.
- ☐ I will submit an evaluation report and receipts to FRMP

Group Work Coordinator: \_\_\_\_\_

Date:

<b>Day</b>	<b>Month</b>	<b>Year</b>

## How to send the form

Please email this completed form to [frmp@mcm.org.au](mailto:frmp@mcm.org.au) with supporting documents.