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| --- | --- |
| Organisation name: |  |
| Postal Address: |  |
| ABN: |  |
| Application contact name: |  |
| Position: |  |
| Phone number: |  |
| Email address: |  |

**VicHealth Community Activation Program Application Form**

Please read all questions before completing this application.

Please note and comply with word limits where specified.

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| **Section 1** | **Tell us about the spaces or places you’d like to transform** |

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| 1. **Tell us about the site (or sites) you have identified**   E.g. location within the community, map, site address, photos, description, accessibility, size, shape etc.  Notes:   * You may identify more than one site but please specify which is your preferred option * Please provide a map or aerial photo of the site and its address as an attachment. | | |
| *(~ 200 word max)* | | |
| 1. **Do you have the authority to transform and activate the site identified?**   Please highlight your response below and provide details on ownership of the site. | | |
| Yes | | No |
| 1. **Why have you chosen the site?**   E.g. suitability for transformation and physical activity, location, accessibility, community need or interest, visibility, link with council strategy and plans, timeliness of project etc.  Please provide details for each site if multiple sites have been provided in question 1. | | |
|  | *(~200 word max)* | |
| 1. **Outline your ideas to show us how the site could be visually and physically transformed**   We want to see your creative ideas for the potential of the site. You do not need to design the space for the purposes of this application, but we want to see your ideas for how the site could be transformed.  Please provide a short description, relevant links, example images, simple sketches or photos to help give us a sense of the look and feel you plan to achieve. You can also attach to your application:   * up to 2 A4 pages of images/sketches * up to 10 photos   Notes:   * Please provide details for each site if multiple sites have been provided in question 1 * Maximum size limit for applications is 10 MB * You may submit images that are publicly available on the internet * If you intend to submit any photos you have taken that contain people please ensure you have written consent for each person in the photo as per clause 40 and 41 in the [Terms and Conditions.](http://www.vichealth.vic.gov.au/community-activation-program) | | |
| *(~200 word max)* | | |

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| **Section 2** | **Tell us how you will get people active at the site once it is transformed** |

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| 1. **Describe the groups that are less physically active in your community that you intend to inspire and engage to get more active at the site** |
| *(~150 word max)* |
| 1. **What approaches will you undertake to inspire and engage those who are less active (as identified in question 5) to get active at the site?**   E.g. engagement and promotional approaches and methods etc. |
| *(~150 word max)* |
| 1. **Outline the range of physical activity opportunities that will be run at the site during its activation period**   Consider new, existing or planned physical activity opportunities that may already be scheduled to happen in your area during the activation period that could now occur on site.  E.g. arts, circus, dance, sport and active recreation etc. |
| *(~200 word max)* |
| 1. **What approaches will you use to facilitate and support these physical activity opportunities to run on the site during its activation period (approx. Sept 15 – May 16)**   E.g. council-driven activity, local providers and partners engaged to deliver activity, coordinating timetabling of organised activities, access to the site across day and night hours, promoting the site availability for non-organised activity etc. |
| *(~ 200 word max)* |

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| **Section 3** | **Tell us about your capacity and readiness to deliver this project** |

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| 1. **Outline your councils’ relevant previous experience in similar projects or current activities and projects which will support the delivery of this project**   E.g. low cost, short term, rapid transformations, experience in activating spaces, experience in getting less active people more active, facilitating programs ,builds on or adds value to existing council projects, experience in identification and management of risk with similar type projects etc. | |
| *(~200 word max)* | |
| 1. **Given the multi-pronged nature of this project, we are interested to see cross-council collaboration in the project delivery. Outline your project team (from across council) that will drive and engage in this project**   E.g. lead project manager and supporting team from across council | |
|  | *(~ 100 word max)* |

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| **Section 4** | **Tell us about your partners for this project** |

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| 1. **Outline the key organisations or groups you will partner with to transform the site and to provide physical activity opportunities at the site**   E.g. new or existing arts, sport, active recreation groups and providers, community or state level organisations and groups, education and health organisations, local businesses etc. | | |
|  |  | *(~200 word max)* |

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| **Section 5** | **Tell us about your project milestones** |

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| 1. **Outline how your council will deliver the project timelines across the 12-month period from June 2015­ – June 2016.**   Complete the milestone table below. These milestones are indicative only. Applicants may add or refine the list to suit your project. |

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| **Milestones** | **Key Activities** | **Timing** |
| **Planning** |  |  |
| **Partnerships and engagement** |  |  |
| **Rapid site transformation** |  |  |
| **Curation and support of physical activity opportunities on the site** |  |  |
| **Evaluation** |  |  |
| **Planning for longer term change** |  |  |

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| **Section 6** | **Tell us about your project budget** |

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| 1. **Provide a project budget the 12 month period from June 2015­ – June 2016**   Please tell us the level of funding you are seeking from VicHealth in the yellow box below.  The line items listed are indicative only and may be changed based on the needs of your project. |

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| **BUDGET SUBMISSION**  **(June 15 – June 16)** | **All $ amount are exclusive of GST** | **Comments** |
| **INCOME** | **$** |  |
| **$ requested from VicHealth** |  |  |
| $ to be provided by council |  |  |
| In kind contribution from council |  |  |
| Other contributions |  |  |
| **Total income** |  |  |
| **EXPENDITURE** | **$** |  |
| Administration/overheads expenses |  |  |
| Gross salaries and wages |  |  |
| Planning expenses |  |  |
| Partnership expenses |  |  |
| Materials and site transformation costs |  |  |
| Costs to deliver physical activity opportunities |  |  |
| Promotional costs |  |  |
| Evaluation and data gathering |  |  |
| Longer term change costs |  |  |
| Other project related costs (please specify) |  |  |
| **TOTAL EXPENDITURE** | **$** |  |

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| **Section 7** | **Tell us about your longer term vision for community activation locally** |

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| 1. **Outline your council’s commitment and vision for community activation in the longer term (beyond June 2016)**   This may include any of the following:   * Intention to make the site a permanent place for the community to use to be active. * Intention to continue to deliver physical activity opportunities at the site or elsewhere in the municipality post activation. * Using community activation principles to transform and activate other community sites. * Strengthening and streamlining council policy and processes to further support community activation principles into the future. * Approaches to connect people who become active at the site to participate in ongoing local physical activity opportunities. * Strong links to council strategic plans in the longer term e.g. links to the Municipal Health and Wellbeing Plan. |
| *(~ 200 word max)* |

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| **Section 8** | **Checklist** |

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| Before emailing your application to [communityactivation@vichealth.vic.gov.au](mailto:communityactivation@vichealth.vic.gov.au) please ensure you have completed the following:   1. Completed all sections of the application form 2. Attached the completed application form to the email 3. Attached any supporting material to support Section 1 of your application to the email, including:    * Aerial photo or map of your proposed site or sites    * Up to 2 A4 pages of preliminary ideas, concept images and simple sketches to illustrate how you plan to transform and program the site.    * Up to 10 photos (optional) of the proposed site, precedent activities etc.   Please ensure your total application does not exceed 10MB. |

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| **Section 9** | **Acceptance** |

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| **Signature** | |  | |  |
| By typing your name in the box below you understand and acknowledge that, responding as the applicant:   * I have read the VicHealth Community Activation Program Terms and Conditions and by submitting the application I agree to those Terms and Conditions (available at [www.vichealth.vic.gov.au/community-activation-program](http://www.vichealth.vic.gov.au/community-activation-program)). Please print a copy of the Terms and Conditions for your records. * I have read VicHealth's Privacy Statement (available at [www.vichealth.vic.gov.au/Privacy](http://www.vichealth.vic.gov.au/Privacy)) and I agree to VicHealth handling personal information in accordance with its Privacy Statement. * I have read VicHealth's Website Terms of Use (available at [www.vichealth.vic.gov.au/Terms-of-Use](http://www.vichealth.vic.gov.au/Terms-of-Use)) and by using the VicHealth website I agree to its Terms of Use. * To the best of my knowledge the information provided in this application is true, complete and not misleading. * VicHealth, on receiving this information, may refuse this application if it becomes evident that information or any supporting documentation provided is incomplete or false. * I approve of the information provided. * I warrant that I am an authorised representative with the authority to bind my organisation to these Terms and Conditions. |  | |  | |

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| **Name of authorised Council representative:** |  |
| **Date:** |  |