



Department for
Families and
Communities



M Y S A
Multicultural Youth SA Inc

MULTICULTURAL YOUTH DEVELOPMENT FUND(MYDF)

EXPRESSION OF INTEREST FORM FOR PRIMARY APPLICANTS AND THEIR PARTNER AGENCIES

Please forward completed application forms to:

The Director
Multicultural Youth South Australia Inc (MYSA)
Shop 9, Millers Arcade
28 Hindley Street
Adelaide SA 5000

Please direct any inquiries to:

MYSA's Grants Officer
Tel: (08) 8212 0085
Web: www.mysa.com.au

MYDF Application Form for Primary Applicants and Partners

CONTACT DETAILS OF PRIMARY APPLICANT

Name of Multicultural Youth Group or Organisation.....
Location Address.....
Postal Address.....
Phone Number.....Mobile Number.....
Fax Number.....E-mail Address.....
Name of Group Leader.....
Position.....
Phone Number..... Fax Number.....
Name of Contact person for project.....
Position.....
Phone Number..... Fax Number.....
ABN Number:...../...../...../ (if applicable) GST Registered YES / NO

CONTACT DETAILS OF PARTNER AGENCY

Name of Partner Agency.....
Location Address.....
Postal Address.....
Phone Number..... Fax Number.....
E-mail Address.....
Name of Chairperson/CEO/Director.....
Position.....
Phone Number..... Fax Number.....
Name of Contact person for project.....
Position.....
Phone Number..... Fax Number.....
ABN Number:...../...../...../..... GST Registered YES / NO

Please Note: Certificate(s) of Incorporation and Public Liability Insurance must be attached.

QUESTIONS FOR THE PRIMARY APPLICANT

1. What is the name of your project? _____

2. Describe your project (*what are you going to do?*)

3. Why is your project needed? (*What issues is this project responding to?*)

4. What types of activities will be used to meet the needs of the target group
(*include type and quantity*)

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5. Who is going to be helped by your project? Please complete the table below.

Cultural Background (for example, Afghan, Iraqi, Sudanese)	No. of people

Visa Type	No. of people
Temporary protection	
Bridging	
Other... <i>(Please specify)</i>	

Gender	No. of people
Male	
Female	

Age	No. of people
10-14	
15-18	
19-21	
22-25	

6. What will the main benefits be of your project? *(How will your project help young people and their community?)*

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7. Budget for project. Please complete the table below.

Item	Description	Amount (excluding GST if registered)
Activities/program expenses		
Travel		
Catering		
Venue hire		
Postage		
Telephone		
Printing		
Stationery		
Other – please list		
Total funds requested from MYDF		

Please Note:

- All receipts must be kept as MYSA may request to view them.
- Individual items over \$500 will require a receipt to be submitted with the final project report and financial statement.
- If the primary applicant is not incorporated, the financial responsibility of reporting will be with the partner or auspicing agency.

QUESTIONS FOR THE PARTNER AGENCY

1. What experience or knowledge does your agency have in working with young new arrivals from culturally and linguistically diverse (CALD) backgrounds?

2. What support and assistance will you provide to the primary applicant to improve or enhance their project management skills and experience?

3. What 'in-kind' support, i.e. venue, printing, telephone, communications, will your agency contribute to the project.

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4. How does your agency plan to help the primary applicant evaluate the project?

5. What does your agency hope to achieve as a result of this partnership?

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DECLARATION

This form must be signed by authorised members of the incorporated agency/organisation. For details of authorised signatories for funding applications refer to the incorporated agency/organisation's constitution.

We acknowledge that this is a one-off project and does not involve ongoing funding from the Multicultural Youth Development Fund.

Before submitting your application please ensure that you have undertaken the following:

- Discussed your proposal with MYSA's Grants Officer**
- Read and understand the criteria
- Completed **all** sections of this Expression of Interest Form
- Supplied a full costing for the proposed project (for a maximum of \$7000)
- Supplied a copy of your or your partner agency's Incorporation Certificate and Public Liability Insurance to the value of \$10 million

Applicant Name Signature

Position Date

Partner Agency.....

Staff Name Signature

Position Date

or

Auspicing Organisation.....

Staff Name Signature

Position Date