

Stage 1 - Primary Prevention MYP Grant Application Form

Form Preview

NSW Primary Prevention Multi-Year Partnerships Grant Program

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Overview of NSW Primary Prevention Multi-Year Partnerships (MYP)

The NSW Government launched its first Primary Prevention Strategy - *Pathways to Prevention: NSW Strategy for the Prevention of Domestic, Family and Sexual Violence 2024-2028* (the Strategy). The Strategy sets out the framework to address the underlying beliefs and attitudes that tolerate and, in many cases, condone the use of violence against women and children.

The NSW Government has committed \$5.75 million to support local communities in NSW to be leaders in domestic, family, and sexual violence prevention across their communities through multi-year partnerships to deliver primary prevention projects. From this, NSW Government has committed \$4.25 million towards this grant program.

The Purpose of the Grant

This Multi-Year Partnerships MYP grant program is a three-year program that will support organisations to deliver primary prevention of DSFV.

The MYP Grant Program aims to achieve the following objectives:

1. Establish a consistent and coordinated approach to primary prevention across NSW.
2. Strengthen primary prevention coordination and collaboration across the state.
3. Provide opportunities for capacity building within the NSW DFSV sector and community to identify and support all individuals impacted by, or are at risk of violence, particularly in diverse communities.
4. Foster attitudes, norms, and practices in communities and individuals that support gender equality and prevent DFSV.

2-Stage Approach

The MYP Grants Program has been designed to be a two-stage process.

- Stage 1: Expression of Interest (EOI) – Eligible organisations can submit applications to express their interest in the MYP Grant program. Applications will be assessed against the eligibility criteria to determine whether they will be invited to Stage 2.
- Stage 2: Full Grant Application – Eligible applicants from Stage 1 will be invited to submit a full application for assessment against the MYP grant program assessment criteria.

Instructions for Applicants

Before completing this application form, please read the [NSW Primary Prevention Multi-Year Partnerships Grant Program guidelines](#), and the [Frequently Asked Questions](#)

Incomplete applications and/or applications received after the closing date will not be considered.

Please Note:

- One-off, time limited funding will be available for three-year projects.

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- Your Expression of Interest (EOI) must be accurate and complete upon submission.
- All projects must be located and support communities in NSW.
- This grant is designed to support community-led, three-year initiatives.
- Expressions of Interest open on **11 December 2024** and close on **18 February 2025 at 5pm**.
- Late applications will not be accepted.

Support available:

You can contact the NSW MYP Grant Program team for help with:

- understanding the guidelines for this grant program; and
- submitting an application in a way that is accessible to you and your organisation.

Email: DFSVprimaryprevention@dcj.nsw.gov.au

If you have any questions in relation to this form, please contact GrantDesignandSupport@dcj.nsw.gov.au. Please include the Application number listed below.

Application Number

This field is read only.

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department of Communities and Justice (DCJ) expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and DCJ does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the [NSW Primary Prevention Multi-Year Partnerships](#) Guidelines and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;

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- DCJ will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances DCJ may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- DCJ is required to comply with the Privacy and Personal Information Protection Act 1998 (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://dcj.nsw.gov.au/statements/privacy/privacy-policy.html>);
- the information they provide to DCJ in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- they have taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that DCJ and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Eligibility Confirmation

Please declare this application meets the NSW MYP Grant Program eligibility criteria:

- It has been prepared by and submitted by an organisation with an eligible legal entity located in NSW.
- Proposed project aligns with the objectives of the program that are included in the [Grant Program Guidelines](#).
- Proposed project will be located in NSW.
- Have appropriate insurance; this must include but is not limited to a minimum of \$10 million Public Liability Insurance.
- Address the NSW National Redress Scheme sanctions.
- Applicant organisation does not have any overdue acquittals with DCJ.
- Projects can be delivered between June 2025 and June 2028.
- Applicants will notify the Department if grant funding is secured from another source.

I confirm that the applicant and project is eligible according to the criteria outlined in the Program Guidelines *

Yes

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Contact Details

* indicates a required field

Please note this grant program is open to organisations only.
In the question below, please ensure that you select "Organisation".

Applicant Details

Applicant *

Individual Organisation

Organisation Name

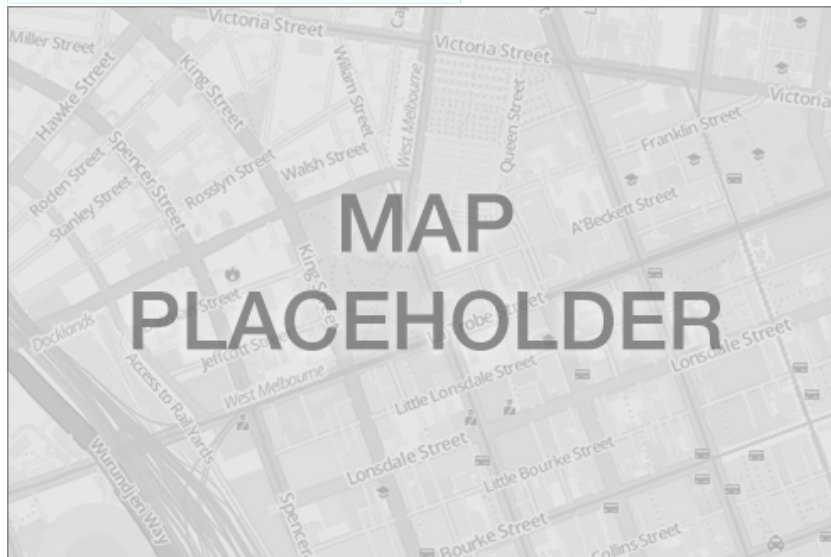
Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant Primary Address

Address



Applicant Postal Address

Address

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Applicant Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Applicant Email Address *

Must be an email address.

Applicant Website

Must be a URL.

Primary Contact Details

Primary Contact *

Title First Name Last Name

This is the person we will correspond with about this grant.

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary Contact Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

This is the address we will use to correspond with you about this grant.

Joint Applications

Applications are open to individual organisations and partnerships.

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We recognise that some organisations may want to join together as a consortium (group of organisations) to deliver a DFSV Primary Prevention proposal.

Note that partnerships are working together not a financial formal arrangement.

Is the applicant applying on behalf of a partnership or consortium? *

Yes No

Applications under a partnership or consortia arrangement should be submitted by the lead organisation. The arrangement should be formalised at the time of application.

Organisation Details

* indicates a required field

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

Yes No

Applicant Organisation ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Organisation legal entity

Aboriginal and Torres Strait Islander Community-Controlled Organisations

The Department of Communities and Justice is committed to funding Aboriginal and Torres Strait Islander Community-Controlled Organisations (ACCO).

For the purpose of this grant an ACCO delivers services that build the strength and empowerment of Aboriginal and Torres Strait Islander communities and people, and is:

- incorporated under relevant legislation and not-for-profit
- controlled and operated by Aboriginal and/or Torres Strait Islander people;

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- connected to the community or communities in which they deliver the services; and
- governed by a majority Aboriginal and/or Torres Strait Islander governing body.

Is your organisation an Aboriginal and Torres Strait Islander Community-Controlled Organisation (ACCO), according to the definition above? *

- Yes
 No

PLEASE NOTE: If you are a NSW Local Aboriginal Land Council or you are registered with the Office of the Registrar of Indigenous Corporations (ORIC) you are automatically considered an ACCO. If you are not a NSW Local Aboriginal Land Council or you are not registered with ORIC, you may be required to provide evidence under each of the four categories listed above during the assessment process.

What is the Organisations Legal Status? *

- Incorporated organisation registered and approved as a not-for-profit body by NSW Fair Trading
- NSW based not-for profit company limited by guarantee (must be registered with ACNC and/or have DGR status)
- NSW based Indigenous Corporation (must be registered with Office of the Registrar of Indigenous Corporations)
- NSW Local Aboriginal Land Council
- Religious organisation operating in NSW
- NSW non-government organisation established under its own Act of Parliament
- NSW Government agencies and Local Government Councils
- None of the above

Please note that, as per the Program Guidelines, for the purposes of this application the following may be considered "Local Government Councils": NSW local councils operating under the Local Government Act 1993 (LG Act); Joint Organisations (s4000 of the LG Act), County Councils (s383 of the LG Act); and Regional Organisations of Councils (which are voluntary groupings of councils).

STOP

You have indicated that your organisations legal status is not listed above.

You are deemed ineligible for this Grant Program.

If you submit your application now, it will not be considered for Stage 2.

Please provide your incorporation or association number to confirm your legal status: *

Must be a number.

HINT: You can check your incorporation or association number by searching for your organisation at the following link <https://applications.fairtrading.nsw.gov.au/assocregister/default.aspx> .

What is the name of the Act of Parliament that established your non-government organisation? *

Eligibility requirements

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Does the applicant organisation have at least \$10 million in public liability insurance? *

Yes

Applicants are required to hold at least \$10 million public liability insurance in order to enter into a funding deed with the NSW Government.

Please provide evidence that the applicant organisation holds Public Liability Insurance. *

Attach a file:

HINT: Applicants are required to hold at least \$10 million public liability insurance in order to enter into a funding deed with the NSW Government.

Please confirm that your organisation has not been publicly identified as declining to join the NSW National Redress Scheme OR failing to join the scheme at the expiry of six months after being notified to join the Scheme. *

Yes, I confirm

No, I cannot confirm (You may be deemed ineligible for this grant)

PLEASE NOTE: For more information on the NSW Government Redress Scheme Sanctions Policy, visit <https://arp.nsw.gov.au/c2021-13-nsw-government-redress-scheme-sanctions-policy/>

Does your organisation have any overdue acquittals due to the Department of Communities and Justice? *

Yes - you may be deemed ineligible for this grant program

No

PLEASE NOTE: If your organisation has any outstanding acquittals due to the Department of Communities and Justice you are not eligible to apply to this grant program. Please complete any outstanding acquittals prior to submitting your application.

Partnership/Consortium Organisation Details

Please detail each of the Partner Organisations involved in this application. Please 'Add more' as appropriate to ensure all partnership organisations are captured.

Partner Organisation Name *

Organisation Name

Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Partner Organisation ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity name

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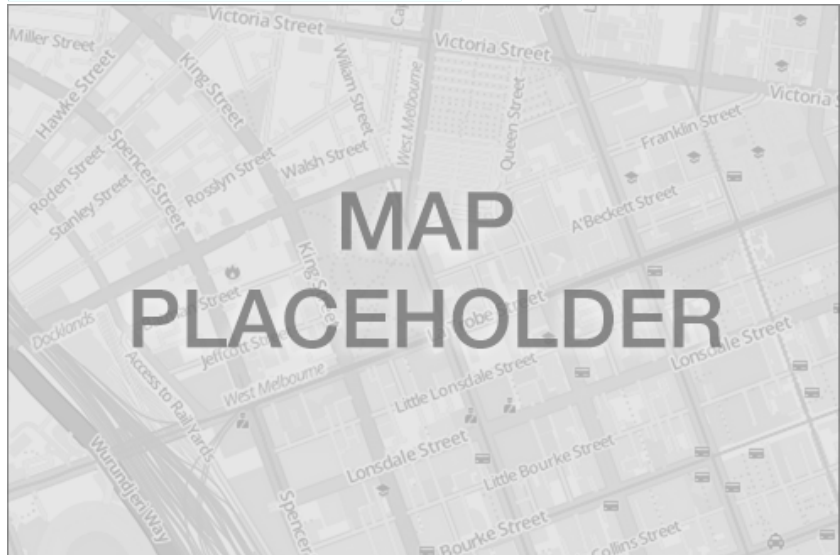
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ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type [More information](#)
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Partner Organisation Address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Please attach a letter confirming that the Partnership/Consortium arrangement with this organisation is valid and current. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

STOP

The answers you supplied above deem you ineligible to apply for this grant as outlined in the program guidelines.

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Preliminary Project Proposals

* indicates a required field

Objectives and expected outcomes

The program aims to support local community organisations and local government organisations in achieving the following outcomes:

- Expanding existing programs that deliver primary prevention of family, domestic, or sexual violence.
- Building further evidence on the effectiveness of established primary prevention approaches and their impact on reducing gender-based violence.
- Developing strategic approaches to prevent gender-based violence while enhancing existing organisational capabilities.

Please detail the primary activities of your organisation. *

Word count:

Must be no more than 200 words.

OPTIONAL - Please upload a copy of your most recent Annual Report.

Attach a file:

If you do not have a copy of your most recent Annual Report, please provide recent Financial Statements.

How many people (full-time equivalent) are paid to work in your organisation? *

HINT: 1 person working full-time is equivalent to an FTE of 1.0. 1 person working 3 days per week is equivalent to an FTE of 0.6

Title *

Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

Word count:

Must be no more than 50 words.

Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

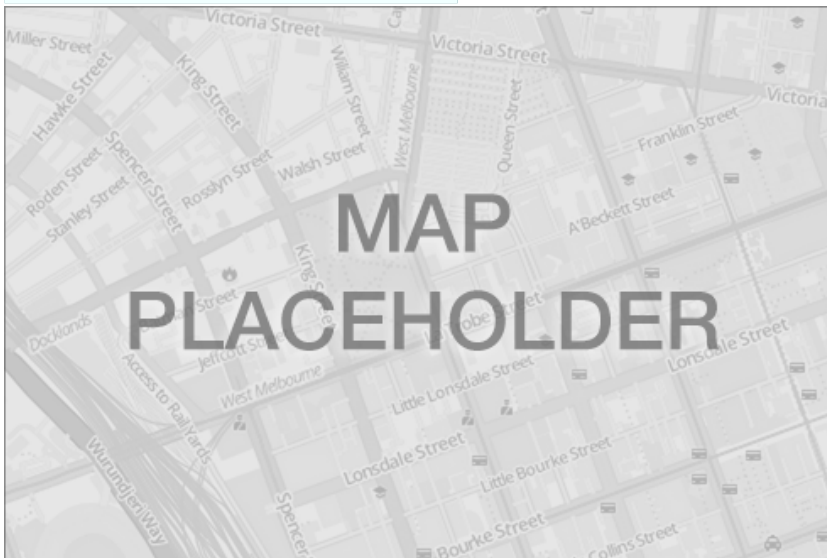
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Anticipated end date *

Primary location of your initiative

Address



Any, but at least one field is required.

Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

STOP - Please review your anticipated start and end dates

You have indicated above that your project either starts before 01/06/2025 or ends after 30/06/2028, the timeframe for delivery under this Program, as stated in the Guidelines. Please update the details to ensure your dates fit within these timeframes.

Additional Location/s

You have indicated you are applying on behalf of a partnership or consortium?

Please provide the locations this project will be delivered in as part of the Partnership / Consortium.

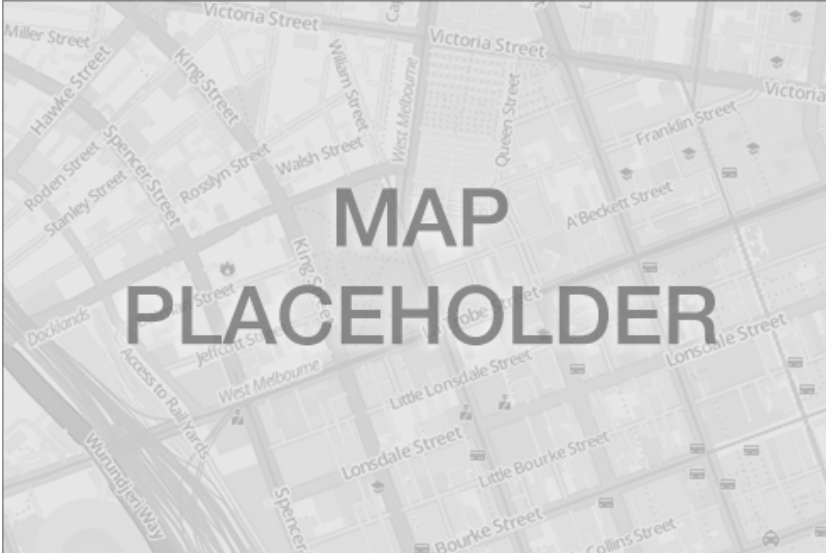
Please 'Add more' as appropriate to ensure all locations are captured.

Additional locations

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Address



Project Proposal Details

* indicates a required field

EOI Assessment criteria

We would like to hear from you about how your organisation could deliver under this grant program to prevent family, domestic, and sexual violence in your community.

You are required to:

- Provide a broad outline of your initiative.
- Address the grant program objectives.
- Outline who will participate in the project.
- Outline the short, medium and long-term outcomes of your project.
- Detail your track record in similar projects.
- Request a specific grant funding amount to deliver the project.

Q1 - Please provide a broad outline of your initiative, this may include how your project aims to establish a consistent and coordinated approach to primary prevention across NSW? *

Word count:

Must be between 50 and 200 words.

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Q2 - Please detail whether this is a new initiative or part of an ongoing funded program of work, with a focus on Primary Prevention of family domestic or sexual violence? Who will benefit from this initiative and what outcomes do you expect from your activities? *

Word count:

Must be between 50 and 200 words.

Q3 - Please outline how your initiative will effectively strengthen primary prevention coordination and collaboration across the state? *

Word count:

Must be between 50 and 200 words.

Q4 - What strategic approach will your initiative take to provide opportunities for capacity building within the NSW DFSV sector and community to identify and support all individuals impacted by, or are at risk of violence, particularly in diverse communities? *

Word count:

Must be between 50 and 200 words.

Q5 - How will your project foster attitudes, norms, and practices in communities and individuals that support gender equality and prevent DFSV? *

Word count:

Must be between 50 and 200 words.

Activities

Please detail the activities expected to be completed as part of your initiative. You can stipulate one location for each activity.

If you have one activity taking place in multiple places, you can either list each location as a separate activity with a specific location, or you can list one activity with a generalised location (e.g. "Sydney CBD").

Please tell us about the activities for your responses above **Location**

One per row. Add more rows if you want to list additional activities.	Where will your activity occur? Suburb/Town, State/Province, and Postcode are required.

Outcomes

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Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries (direct, indirect and/or intermediaries) of your project. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)
- Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

Outcome

How does your intended outcome link to the Program outcomes?

What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row.	Please explain how your intended outcome helps contribute to the Program Outcomes.

Evidence

Please provide current evidence of a project or initiative you are or have successfully delivered (other than the project that you are proposing under this grant program).

Attach a file:

OPTIONAL - Website

Must be a URL.

Funding requested

* indicates a required field

Funding amounts

One-off, time limited funding will be available for three-year projects. The total amount of funding that is available for this grant program is \$4.25 million for proposals of projects or initiatives to be delivered over Financial Year 2025-26, 2026-2027 and 2027-28.

The **maximum funding value** that can be applied for through this grant program is **\$500,000 over the three-year period**. Consideration may be given to applications that exceed the \$500,000 limit.

Total funding Requested *

Must be a dollar amount.

What is the total financial support you are requesting in this application?

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Would you accept delivering the proposed project with a lower funding amount than what you have requested above? *

Yes No

Please provide a breakdown of the Total Funding Requested over the 3 Financial years.

Amount Requested - FY 2025-26 *

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the first year?

Amount Requested - FY 2026-27 *

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the second year?

Amount Requested - FY 2027-28 *

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the third year?

Expenditure

Please include all expenditure items (excluding GST) that you are seeking to fund under the grant.

Please note, these items must be eligible under the grant as according to the guidelines.

Expenditure description	Expenditure type	Expenditure amount (ex. GST)	Notes
		\$	
		Must be a dollar amount.	

Consideration may be given to applications that exceed the \$500,000 limit

The Total funding requested above exceeds the maximum \$500,000 over the three year period.

You have requested a figure above \$500,000. Are you seeking to be considered for additional funding? *

Yes No

Select 'Yes' if your proposal requires funding that exceeds the maximum amount ie: \$500,000

STOP

Note the funding available is \$500,000 over the three year period.

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Please adjust the funding requested in the financial years above and ensure the **Total funding Requested** is up to \$500,000.

Please outline your reasons for seeking additional funding and provide details. *

Declaration and Authorisation

* indicates a required field

Have you answered all the questions in this form?

Please refer to the 'Form Navigation' section on the right-hand side of this form. Confirm that NO page headings are greyed out and marked 'Not Applicable'. *

Yes

If any page titles are greyed out, you have missed a question or answered incorrectly. Please return to the applicable page prior to the Greyed out page.

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and

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- All relevant conflicts of interest have been declared

Registered Name of Organisation *

We are in the process of helping to establish learning networks for professionals working in primary prevention. If you would like to stay informed of these opportunities, please indicate your interest below and we will get back to you. *

- Yes No

Authorisation

I agree *

- Yes

Name of authorised person *

Title First Name Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

How did you find the online application process?

- Very easy Easy Neutral Difficult Very difficult

How many minutes in total did it take you to complete this application?

- up to 15 minutes 15 - 30 minutes 30 - 45 minutes 45 - 60 minutes more than 1 hour

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

