

**Application Form**

**VDC Workforce Development Grants 2022**

VDC will accept applications only from training organisations that have a 2022 Skills First contract

Applications open 9.00am Wednesday 8 June 2022 and close 5pm Thursday 30 June 2022

**Completed applications to be emailed to:** [**info@vdc.edu.au**](mailto:info@vdc.edu.au)

**Subject line:** Application – Grants 2022

1. **Details of the provider**

|  |  |  |  |
| --- | --- | --- | --- |
| RTO: |  | TOID: |  |
| Director/CEO: |  | | |
| Work address: |  | | |
| Phone: |  | | |
| Email: |  | | |
| Staff EFT |  | | |

1. **Outline of the proposed project**

Provide an overview of the project, an indication of the skills and knowledge gaps to be addressed, and the expected outcomes.

|  |  |  |
| --- | --- | --- |
| Project Category | Workforce Development | |
| Project title |  | |
| Project outline  Outline of the project’s focus, who it will involve and how it will be conducted - no more than 300 words |  | |
| Project purpose  Outline of the project’s purpose, who it will involve and how it will be conducted - no more than 300 words |  | |
| Intended reach  Number of staff participating and/or benefitting from the project |  | |
| Project deliverables  Outline the project action plan including what will be delivered as the project progresses | As the project progresses the following deliverables will be achieved:  Example: Two workshops to be conducted for 30 staff | |
| Timeline  Plan the completion date for your deliverables: | **Deliverables**  **Example:** 2 workshops completed | Planned completion date  10 September 2022 |
| Key Performance Measures  Note how you will measure if your project is meeting your deliverables. | Example:  Keep an attendance record for workshop activity. | |
| Evaluation methodology  (eg survey, focus group etc): |  | |

1. **Details of the project manager(s) responsible for the project**

Please advise the name, position and contact details of the nominated manager; attach a separate list as required. Copy and paste the table below if more than one manager is responsible.

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Work address |  |
| Phone |  |
| Email |  |

1. **Details of any partner organisation(s) to be involved in the project**

Indicate if the project involves any partner organisations. Copy and paste the table below if there is more than one partner organisation involved.

|  |  |
| --- | --- |
| Organisation |  |
| Contact person |  |
| Position |  |
| Phone |  |
| Email |  |

1. **Risk management**

Identify any risks associated with the proposed project and indicate how the risk will be addressed.

|  |  |
| --- | --- |
| Risk | Action to address risk |
| *Example: Project manager resigns* | *Example: Project manager to work closely with another staff member who is kept fully informed of project details* |
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1. **Budget**

In the table below *indicate how your organisation intends to utilise the funds to support the project*

|  |  |
| --- | --- |
| Expense | Amount |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| Total | $ |

# Knowledge sharing opportunities

Successful applicants will be required to attend a project induction meeting, and a final project meeting. Successful applicants may be required to present project outcomes at a knowledge sharing event at the request of the VDC. Further, the VDC reserves the right to publish a case study overview of the project and to commission a full independent evaluation on completion of the project.

1. **Acknowledgement**

Funds provided by the VDC must be acknowledged in any marketing or promotional material and at any knowledge sharing event or in any reports. You must use the following wording: *This project (name) was funded by the VDC with support from the VSA*.

1. **Endorsements**

Manager responsible for the project Chief Executive Officer or delegate

|  |  |
| --- | --- |
| ……………………………………………………………………...  **Manager’s signature**  …………………………………..……………….………………...  **Name (print)**  ………………………………..……….…….…......................  **Date** | …………………………………………...…………………….........  **CEO’s signature**  ……………………………………………………………………........  **Name (print)**  …………………………………….…………............................  **Date** |

**VET DEVELOPMENT CENTRE**

1300 917 150 **|** info@vdc.edu.au **|** www.vdc.edu.au **|** Level 8, 379 Collins St, Melbourne VIC 3000

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